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MEDICAL MONTHLY.

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EDITED BY
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THE AMERICAN MEDICAL MONTHLY.

JANUARY, 1856.

PART I.—ESSAYS, MONOGRAPHS, AND CASES.

On Meningeal Tuberculosis. By O. C. GIBBS, M. D., Perry,
Lake Co., Ohio.

The existence of granular depositions, upon the membranes and over the surface of the brain, has been for some time known. That these granulations were connected with meningeal inflammation was known to M. Guersent in 1827 ; but, that these granulations were tubercles, or the cause of meningeal inflammation, neither he, nor any one else, at that time, suspected. In 1830 M. Papavoine asserted their tubercular character, and in 1833 Dr. Gerhard, of this country, and M. Ruffy, of France, clearly proved their connection with, as a cause of that form of meningitis, which, sixty-five years before, Dr. Whytt described as acute hydrocephalus. Of late years much has been learned in reference to the pathology of cerebral diseases, and of the etiology of many of the symptoms connected therewith. Less than a century ago, at least three distinct diseases were included under the head of hydrocephalus : 1st. A collection of serous fluid within the cranial cavity, independent of inflammation ; 2d. Simple inflammation of the meninges of the brain, which usually before death induces an effusion of fluid into the ventri-

cles of that organ, and into the meshes of the pia mater ; and, 3d. Meningitis superinduced and caused by previously deposited tubercle. Notwithstanding this increase of our knowledge, in reference to meningeal inflammation, as connected with tuberculosis, yet the frequency and fatality of this condition certainly justify an increased attention.

That tubercles may be formed in almost any portion of the body, has for some time been a generally received opinion. According to Louis and Rokitansky, the frequency with which they occur in the membranes of the brain, is only surpassed by their aptitude for, and numerical occurrence in the lungs, lymphatic glands, serous membranes of the pleura and peritoneum, the larynx, and the intestinal canal. If the first ten years of life only were considered, the frequency with which tubercles manifest themselves in the cerebral meninges would, probably, stand at the head of the list ; for, according to Condie, in Philadelphia, during the ten years preceding 1845, the number of deaths from tubercular disease of the lungs, in persons under fifteen years of age, was only 963, while the number of deaths from tubercular disease of the brain and its membranes, in the same time, was 1,906. It is my opinion, though it may not be correct, that the stronger the tubercular diathesis, and, consequently, the earlier tubercles are deposited, and diseases in consequence developed, the greater is the liability of the membranes of the brain to become the seat of such deposits and disease. To illustrate : a man may have the scrofulous diathesis, so slightly marked as to be scarcely noticed, scattering tubercle may be deposited in the lymphatic system, or elsewhere, and yet he escape the more active forms of tuberculosis and death by tubercular disease ; his children may die in middle life of phthisis, and his grandchildren in childhood from tubercular meningitis, or meningeal tuberculosis. M. Guillot refers to the case of a man who died of phthisis, aged sixty-six. " Before the age of forty-eight all his four children died of the same disease ; all had children, but the third generation did not survive the period of the first dentition, all being carried off, either by pneumonia supervening on tubercle, or by *tubercular meningitis*." In another example, " a grandfather died of phthisis. One of his daughters also died of it at

thirty. The other daughter is still living, but three of her children have died either of tubercular pneumonia or meningitis." (L' Union Medicate, No. 5.)

Tubercles may be deposited upon any part of the surface of the brain and cerebellum, and are usually situated beneath the arachnoid, in the substance of the pia mater. They are, however, more frequent in some situations than others; are formed oftener and more abundantly upon the brain than the cerebellum; upon its convex surface than at its base; in the sulci between the convolutions than at their summit; in the neighborhood of the optic nerves, and in the membranes that cover the medulla oblongata, than in the fissure of Sylvius. They are generally scattered irregularly over the membranes, but occasionally are grouped in patches, and are generally more abundant along the veins that ramify in the pia mater. It is generally believed that the situation of tubercle, whether at the convex surface of the brain, at the lateral portions, or at the base; whether in the sulci of the convolutions, about the optic nerves, or medulla oblongata, has no appreciable bearing upon the symptoms. Present statistics will not justify an argument in disproof of this opinion; yet, it is easy to imagine, and subsequent observations may justify the supposition, that the known variable symptoms are not wholly independent of the location of tubercular depositions.

In deaths from meningeal tuberculosis, there is almost always evidence of inflammation in the membranes of the brain, particularly the pia mater, though *not always*, as many have taught, and more have believed. The membranes are usually, to a greater or less extent, injected, thickened, and infiltrated with a serous, gelatinous, or turbid liquid, and these evidences of inflammation are more common at the base than at the summit of the brain. It is in consequence of the frequency of the evidences of inflammation, that this disease has so generally, of late, been described under the name of *tubercular meningitis*. The effusion of serous fluid into the ventricles of the brain, and between the pia mater and the arachnoid, is, perhaps, no less common than the evidences of inflammation. The amount of this effusion varies from three or four drachms to twice as many ounces. The frequency with which this serous effusion and ac-

cumulations are found, in connection with meningeal tuberculosis, has given rise to the name of hydrocephalus, by which, unfortunately, many still describe the disease. The inflammation and effusion are, probably, by no means co-extensive, in point of time, with the deposition of tubercle, but are subsequently developed,—engrafted upon, and superinduced by previously existing meningeal tuberculosis.

Many have supposed that meningeal inflammation commenced anterior to the deposition of tubercular matter. Such, suppose the granular deposition to be nothing more nor less than the product of inflammation, and, consequently, tuberculosis the sequence of an inflammatory cause. Some of the first names in the profession, in the full light of our present pathology, have maintained this opinion, of whom may be mentioned Broussais, Alison, Andral, Rainhart, Rokitansky, &c. Williams, too, claims that tubercles are frequently the products of inflammation. The subject is of the first importance, and I propose here a few arguments in disproof of the opinion of the above mentioned pathologists. Perhaps there is no fact better established in pathology than that tubercles exist in numberless cases without any evidences of inflammation, either by symptoms, or as shown by anatomical examination. If this be so, then inflammation is not necessary to the production of tubercle, and when it exists in connection with such deposits, it is probable that it is a superinduced consequence, and not a pre-existing cause. It is admitted that tubercles may occur in an organ simultaneous with, or subsequent to inflammation in the same organ; but even then there is no evidence that there is an existing relation of cause and effect; but it is probable that their co-existence is accidental, or, rather, the subjoined tubercles are an independent coincidence. It is possible that, in persons of a scrofulous diathesis, inflammation may *hasten* the deposition of tubercles; but this is far from justifying the conclusion that such deposits are the *products* of inflammation. In meningeal tuberculosis, though inflammatory products are often found in connection, yet tubercles often co-exist in other organs, in connection with which there are often no evidences of inflammation having existed. To draw an analogy from other organs, many have supposed that phthisis was frequently, and perhaps generally, the result of

pneumonia, catarrh, or pleurisy. The observations of Louis, Grisolle, Bayle, Lombard, and Lænnec, are opposed to such an opinion. The statistics of Louis show, that while inflammatory affections of the lungs are more common in males, tubercular disease in the same organs are more common in females. Indications of pneumonia are usually confined to one lung, while tubercular deposits are often as abundant in the opposite side. The greatest development of tubercular matter is generally found in the upper lobes of the lungs, whereas pneumonia is more common in the lower. These facts all militate strongly against the inflammatory origin of phthisis or tubercular diseases in general. It is true, pneumonia frequently co-exists with phthisis ; but there are good reasons for supposing that the former disease is consequent upon and subsequent to the deposition of tubercles. Meningeal tuberculosis occasionally occurs when no symptoms during life, or signs after death, give evidence of inflammation. If additional evidence is wanted to prove the non-inflammatory origin of tubercle, it may be found in the results of microscopical examination. Space will not admit of more extended argument ; yet I beg leave to quote the opinions of one or two eminent pathologists. Lænnec says : “Tubercular diseases depend essentially upon a particular state of the system, unconnected with inflammation.” Simon uses the following language : “Tubercle, in itself, is clearly no product of inflammation, but is apt, especially at the period of its softening, to act as an irritant of surrounding textures, and to invite the addition of the inflammatory exudations.” The mechanical obstruction which tubercles present to the circulation is great, and hence the frequency with which inflammation is superinduced is by no means surprising.

What is tubercle? and what the pathological process by which it is formed? These are questions upon which pathologists of equal eminence are certainly at disagreement ; and, perhaps, in the present state of medical science, they cannot be satisfactorily answered. It is not proposed here to investigate these questions, or discuss the causes of the prevailing opinionary discrepancy, but to mention a few facts that may be made available when speaking of the treatment of the disease under consideration. Simon says tubercle consists of “some mis-devel-

oped proteinous ingredient of the lymph and blood. The essence of this mis-development lies in the fibriniform solidification and concretion of something which should remain fluid in the plasma of the blood. I call it *fibriniform*, because, though it is not identical with fibrin, it probably arises in some analogous method of formation, and undergoes similar final metamorphosis." Pathologists have generally considered fibrin the material by which textures are chiefly nourished and repaired—the nutriveness of the blood,—in a word, the pabulum from which come growth and repair. Many eminent names in the profession have recently taken a different view, and now consider it an excrementitious product, derived from the waste of the tissues, or the oxidation of the blood. It is universally known that fibrine is more abundant than in health in all acute inflammatory diseases. Perhaps this inflammatory augmentation is one reason why tubercles, fibrin-like as they are, have been considered inflammatory products. But if fibrin reverts to the blood from the waste of the tissues, then its superabundance is only an evidence of increased oxidation and waste of certain elements of the body, or of deficient elimination of this excrementitious product. An excess of fibrin is also found in some diseases essentially material, and in ailments characterized by defective assimilation and nutrition. Andral and Gavarrett found it increased in tubercular diseases. It is probable that fibrine, or a substance that is fibrin-like, may result from a retrograde condition of albumen. And it is my opinion, though that opinion may be hastily formed, that this fibrin-like substance, resulting from defective albumen that has failed to accomplish its object in the process of nutrition, is the pabulum of tuberculosis. In other words, the albuminous material, which, in the process of nutrition, is to form the elements of growth and repair, through some defect in its formative process is, to a limited extent, incapable of cellular development; and this non-developmental albuminous product becomes the dead, fibrin-like concretion which is denominated tubercle. Hence meningeal tuberculosis presents in its origin no peculiarities from other tuberculous disease, and has its origin in the blood; or rather, and more properly, in the formative process and material, by which process, and out of which material, blood is

formed. The researches of such chemists as Prout and Liebig, prove that it is from the nitrogenized and carbonized products of the food that nutrition is accomplished ; in other words, the albuminous and fatty products are necessary compounds in the process of healthy cellular development. It is probable that in tuberculosis there is a deficiency of fatty and an excess of albuminous assimilation. This idea gains support from the fact, that in connection with degenerate albuminate, or fibriniform exudations and concretions, a fatty degeneration of the liver, the kidney, and the arteries, is frequently found. It has been thought by some pathologists that this adipose deposit consisted in a fatty conversion of some fibrinous material previously deposited. But I apprehend it is more probable that, through some defect in the assimilative process, a proper union does not take place between the albuminous and fatty compounds, necessary for the healthy development of elementary molecules, and hence result fatty infiltrations and albuminous or fibriniform depositions. Bearing upon this point, I beg leave to quote again from *Simon's Pathology*. He says: "In short, this tubercular diathesis consists in an inherited peculiarity of blood-development, under the influence of which the nascent blood tends to a molecular death by super-oxidation ; partly it may appear that these dead proteinous elements can undergo, within the stream of the circulation, such degenerative changes as will qualify them for discharge by excreting organs ; partly it may appear that these changes lead to fatty accumulations in the endothelium, or in the parenchymatus blastema of such organs ; but mainly and characteristically, it is the way of those dead proteinous elements to concrete in the organs where their precipitation has been determined, and there to construct the fibriniform masses called *tubercle*." (P. 140.)

The duration of meningeal tuberculosis has usually been considered by authors to range, on an average, from two to three weeks ; but, having considered the disease to be essentially inflammatory—tubercular meningitis—they have considered the commencement of decided inflammatory symptoms to be the commencement of the disease. Considering the deposition of tubercle to be, if not the starting point, the precursor and cause of all subsequent symptoms, the average duration of the difficulty would probably reach twice as many months.

The disease is not common in adults ; occurring mostly during the first ten years of life, and probably fully one-half in the first five. I can hardly believe it as rare in adults, however, as many writers consider it. Of the thirty-one fatal cases reported by Dr. Charles West, all were under nine years of age. In the last year I believe I have seen two cases occurring in females between the ages of thirty and forty. Anatomical examination was wanting, it is true, to prove the correctness of the diagnosis, but in both the tubercular cachexia was well marked, with the symptoms and emaciation that usually accompany tuberculosis, without the pneumonic symptoms that usually manifest themselves in phthisis. These symptoms continued for months, and, in one case, for two or three years. At length the concluding stages of meningeal tuberculosis manifested themselves by the unmistakable symptoms of meningeal inflammation and effusion into the cranial cavity.

Of the various symptoms that mark and accompany the different stages of the disease under consideration, it is not proposed here to make any mention.

Many eminent physicians have considered meningeal tuberculosis necessarily incurable in any stage. Others suppose that cures are not very uncommon in the early stages, before effusion takes place, and never possible afterwards. Others still, suppose that cures occasionally take place, even in the last stage of the affection. It is not proposed here to attempt to reconcile these conflicting opinions ; suffice to say that cures are sufficiently rare to claim for the disease the highest consideration of the medical profession, and to challenge their utmost therapeutical skill.

It is evident that the indications for treatment must vary with the different stages of the affection. Dr. Watson says, the disease has its origin in the scrofulous diathesis, and is essentially tubercular ; yet, upon the same page, he says : "I need not take any further pains to convince you that the disease is essentially inflammatory." (Watson's Lectures, p. 270.) Two pages further on he says : "The disease being essentially an inflammation, requires in its *earlier periods*, at least, the remedies of inflammation." Prof. Wood holds the following language in regard to treatment : "It is inflammation, therefore, that is

to be combated. The treatment recommended for simple meningitis is exactly that required, upon the principle above stated, for the tuberculous variety. It is even more important in the latter, that the remedial measures should be *early applied*; for it is in the *first stage* especially that there may be some reason to hope that the tuberculous deposition may be prevented." (Wood's Practice, vol. 2, p. 640.) The writers above mentioned, as well as most others whom it has been my privilege to consult, consequently recommend blood-letting, purgatives, mercurials, &c., as soon as the first symptoms of the disease manifest themselves. With due deference to, and with the utmost respect and reverence for the authors of such opinions, I would here enter a demurrer, and decidedly protest against such therapeusia. If tubercle were the result of existing inflammation, then the active antiphlogistic remedies recommended would be judicious. But if the inflammation, which usually accompanies the second stage of meningeal tuberculosis, be the effect of and a superaddition to pre-existing tubercle, then the question naturally arises, does not depletion increase the frequency of tubercular deposits, and, consequently, subsequently augment the dependent inflammation? Does not blood-letting, in the anæmic and scrofulous patient, invite serous or hydropic effusions? Those who have had much experience in the antiphlogistic treatment in this disease, will doubtless find a sufficient answer to the last inquiry, in the convulsions and accelerated death they have occasionally seen follow a by no means immoderate bleeding. The examinations after death, it has been said, usually reveal evidences of inflammation. This is not always the case, and the uniformity of this condition is no greater than the same *post mortem* appearance in deaths from phthisis. That physician who should treat every case of incipient consumption with the means and energy usually resorted to in pneumonia, would doubtless have no reason to boast of his success. I apprehend the inconsistency is no greater here than in the common treatment of meningeal tuberculosis, with the means and energy usually resorted to in simple acute meningitis.

The treatment of the first stage of the disease under consideration, it seems to me, should be quite similar to that for tuberculosis in general. Cod liver oil should be given, in doses

proportioned to the age of the patient, and continued twice a day for months, unless decided inflammatory symptoms should, in the meantime, be superinduced. The iodide of potassium, in small doses, should be given once or twice a day simultaneous with the oil. The diet should be nutritious, and easily digestible; the bowels should be kept regular; the clothing should be such as to guard against the depressing effects of cold; and it is of the first importance that the physical and mental energies be not over-taxed. Riding in the open air, in suitable weather, whether over land or water, is a decidedly healthy exercise; but whether at home or abroad, the mind should be kept from all stimulation either of excitement or of study. The patient, if possible, should be kept from all contagious diseases; and timely and judicious counter-irritation to the back of the neck is unquestionably of importance.

I wish to call more especial attention to the remedial powers of iodide of potassium. In meningeal tuberculosis I believe it to possess an influence second to no other known remedy. For aught that I know to the contrary, Prof. Wood, of Philadelphia, was the first to suggest the propriety of its use in the early stage of this affection (see Wood's Practice, vol. 2, p. 641); but in connection with blood-letting and purgatives, I should expect its benefits to be more than counteracted. I have used the iodide of potassium in several instances with success, in cases that I supposed to be meningeal tuberculosis;—cases, too, some of them, in the families of which several of the children immediately preceding had died of the disease under consideration, as they respectively became of a certain age, having received the usual antiphlogistic treatment at the hands of an eminent and skilful physician. It may be said that these cases of cures were not true meningeal tuberculosis. Perhaps they were not. I cannot, however, refrain from expressing my conviction, that if all *suspected* cases were treated early and perseveringly with iodide of potassium, there would be fewer deaths to be reported from the *genuine* disease.

The use of the above mentioned article is not restricted to the first or forming stage of the disease. Inflammation, especially that form of it that is superinduced on tubercle, by no means counter-indicates its use. It is even recommended, and

used with advantage, in simple meningitis, by many judicious physicians : the indications for, and the propriety of its use, is far more apparent in that form of meningeal disease now under consideration. Williams says : " Iodide of potassium is better adapted (than mercury) for chronic inflammations of an asthenic character, with reduced blood and strength, with tendency to ulceration, suppuration, or aplastic (tubercular) deposits." (Williams' Principles, p. 267.) Again (p. 269) he says : " Preparations of iodine, especially the iodide of potassium, do sometimes appear to countervail scrofulous inflammation ; and their commonly salutary operation on the constitution renders them eligible medicines in scrofulous subjects." The medicine should be given in larger or more frequently repeated doses, than in the forming stage : for the urgency of the case is greater, and its progress more rapid. It may be asked if, in the second stage, with unmistakable symptoms of meningitis present, though that meningitis be of a tubercular origin, and in a scrofulous subject, venesection should not be performed ? Blood-letting may, doubtless, often, in such cases, prove of temporary benefit ; but I believe this temporary improvement to be purchased at the expense of a diminished prospect of an ultimate cure. Should tubercular pneumonia manifest itself in the advanced stage of phthisis, I should certainly question the propriety of venesection, and I can see no rule applicable or principle involved in the one case, that is not equally applicable and involved in the other. Simultaneous with the inflammatory symptoms, the bowels are usually deranged and obstinately costive. Purgatives should now be administered, not at remote intervals, and in quantities such as will procure copious cathartics, but in doses so graduated, as to time and quantity, as to maintain freedom of the bowels, so long as derangement and constipation remain a symptom. In connection with iodide of potassium and purgatives, cold to the head and blisters may be added, and these means, in the stage of the disease under consideration, will perhaps accomplish all the good that is obtainable in the present state of our knowledge. The local employment of cold on the head is not of such general utility as might be supposed. To abate preternatural heat, and lessen cerebral excitement, it may be advantageously resorted to in the stage of inflammatory

augmentation, but it can be of no benefit, and is entirely inapplicable in the coma of the later stages of the disease. Blisters too should be resorted to only after the inflammatory superaddition has begun to abate.

In the latter stage of the difficulty, after coma, convulsions, and partial paralysis have occurred, I have never seen a case of recovery; and, from the nature of the case, it is presumable that such recoveries are extremely rare. Drs. Christie, Woniiger, Roser, and others, have reported cures, in this stage, under the use of large doses of iodine in connection with iodide of potassium,—half a grain of the former to four grains of the latter, in water, and repeated every four hours. It is evident that in the last stage the patient's strength should be supported by mild stimulation and nourishing diet.

Having placed the iodide of potassium at the head of all remedial means, in the treatment of meningeal tuberculosis, it may be expected its *modus operandi* will be explained; but upon that point I do not propose, at present, even to risk a conjecture.

Spontaneous Escape of Fluid from the Peritoneal Cavity.

For the American Medical Monthly.

MR. EDITOR,—The following case was recently communicated to me by Dr. Wm. Burns, of Littleton, N. H., and I have thought it might prove interesting to the readers of the MONTHLY.

Mrs. H., of Bethlehem, N. H., was married at the age of 32, having always enjoyed good health. Four years after, she became pregnant, and during pregnancy she became dropsical. It was believed that she had not less than fifty pounds of dropsical fluid in the peritoneal cavity at the end of pregnancy; but all of this escaped *spontaneously, per vaginam*, during and immediately after delivery. This occurred in the year 1791. Two years after the birth of the child (1793), the peritoneal cavity had again become largely distended with the dropsical accumulation, and Dr. Moore, of Bath, N. H., per-

formed the operation of paracentesis abdominis, removing sixty-four and three-fourths pounds of fluid.

During the following twenty-six years, up to 1819, Mrs. H. had filled with dropsical fluid nineteen times, for which she had been tapped six times, and had had *thirteen spontaneous evacuations per vaginam*. At neither of the six tapplings had she lost less than sixty-three pounds of fluid ; and at each spontaneous evacuation the fluid had drained off in about forty-eight hours, flowing from the vagina once in two or three minutes. After the water had been removed, either by tapping or spontaneously, the sternum was so prominent relatively, on account of the collapsed state of the abdominal walls, that a common quarto family bible could stand on end in the hollow beneath its lower extremity. The ribs, also, were correspondently prominent, and two of them had been broken by the distension.

Dr. Burns tapped the patient, October 21st, 1819, removing twenty-two quarts of fluid, which weighed forty-nine pounds. She was then in the sixty-fifth year of her age, and had been blind four years. She had another spontaneous discharge of the fluid (the fifteenth in all) per vaginam ten months afterwards, August, 1820. At this time more than fifty pounds were supposed to be removed. Not long afterwards she died of some disease not connected with the dropsy.

In this case there is reason to believe that the distension became so great that the wall of the vagina gave way from the downward pressure, at the cul de sac, between this canal and the rectum ; and thus the fluid was spontaneously discharged in the course of about forty-eight hours. Afterwards the rupture probably healed by the first intention, and everything remained in the natural state till the tension again produced the same result. And this state of things continued for more than thirty years, without much impairing the general health. The only thing worthy of remark was an occasional attack of vomiting during the last ten or eleven years.

This case illustrates the method adopted by nature in performing the operation of paracentesis abdominis ; and I have for some time past been convinced that it is better to imitate the example she has given in this instance, and tap from the

vagina, in all cases in which there is such a projection downwards of the cul de sac between it and the rectum as to indicate the precise point where the puncture should be made, and enable the operator thus to make it without risk to any vessel or any neighboring part. A report of a case under my direction, in which this operation had several times been performed, is contained in the American Journal of the Medical Science, for January, 1855. In every instance the puncture healed by the first intention, and no unpleasant symptom occurred.—

Yours truly,

E. R. PEASLEE.

26 Clinton Place, New York, December, 1855.

European Practitioners.—No. III.

MR. GUTHRIE, ARMY SURGEON.

No member of the Medical Profession in England, at one period, succeeded in redering himself more unpopular than Mr. GEORGE JAMES GUTHRIE. He had been distinguished as an Army Surgeon in the Peninsular campaigns of Wellington, and having, by cajoling or dragooning the artist, accomplished the unprecedented feat of getting his portrait introduced into a corner of the picture of the Duke and his companions in arms, George James's heart became unusually uplifted. He had, in fact, achieved a very high aim, for never was medical man in Britain so honored before; and nine-tenths of the public, while they gazed upon the dark, swarthy features of the surgeon, as he bent over the prostrate form of a wounded man, actually supposed it was the figure of a male gipsy engaged in fortune-telling, or a still more unscrupulous camp-follower intent upon rifling, so unusual had it been to invest this branch of the staff with such honors. If he had borne these honors meekly, the profession might have rejoiced in them, and considered that in receiving the compliment it was reflected upon the whole *corps* in turn; but, as we have already said, in the language of his countrymen, the Scotch, George James's heart became unusually uplifted. He conducted himself with such arrogance, frowardness, and audacity, that the Irish pro-

nounced him a "bouncer," and the English repeated the old vulgar remark concerning the elevation of a beggar on horseback. Mr. Guthrie, in fact, by his overbearing, grasping, intolerant, and off-handed manner, excited a general feeling of hostility in the ranks of the profession, and he deserved it. But all these days, and all these emotions, have long since passed away. The busy, bouncing, domineering, and haughty dictator has since been sorely stricken. Domestic afflictions have crushed him to the dust. The neglect of the court and the government has followed. His really great public services have been requited with the grossest ingratitude. The proffer or benefit of his vast experience has been wholly contemned. In the recent Crimean campaign his advice was unheeded, or passed by with insulting silence. Hence in great measure the disasters that have there befallen British arms, in so far as the medical department is concerned, and hence the reaction that ensued in the breasts of his professional brethren. Mr. Guthrie, from being haughty and dictatorial, has now become an object for insult and contempt in turn. He has never been deemed worthy of the trumpery honor of an appointment as one of the surgeons, ordinary or extraordinary, of the reigning Queen, or even of His Royal Highness Prince Albert. It is therefore with altered, and in some degree warm, feelings in his behalf, that we take up the pen to give a brief sketch of the neglected and ill-used old man.

Mr. Guthrie is of German origin, but is, we believe, descended from a Scotch family, whose founder migrated from the shores of Germany to the scarcely more inclement soil of the North. Religious scruples are said to have been the cause of the migration, and hence the name of Guthrie has long been held in considerable estimation. Mr. Guthrie's family, though it never occupied a high rank, was entirely respectable, and is yet in possession of considerable landed estate in the eastern district of Scotland. He himself, after receiving the usual elements of that sound education for which the country is noted, was trained up for the medical profession, and at an unusually early age entered the army department, at a time when ability was rare and promotion was rapid.

Nothing could exceed the degradation in which both the

Naval and Military branches of the English service then were plunged. The "Doctor's Mates" of the former were scarcely considered fit to enter the company of the midshipmen, with whom they are still obliged to herd, and would probably in no degree have hesitated had they, as at a later period in Russia, been expected to act as ship's barber too, and scrape the chins of the whole of the crew. So recently as the year 1828 some unhappy English surgeons, on entering the naval service of the Czar, were, to their horror, informed that one of their functions consisted in shaving once a week the faces of seven hundred and fifty men, or the usual complement of a seventy-four gun ship; and a refractory member was straightway huddled into a waggon, from which, after being jostled over several hundred leagues, he was unceremoniously cast upon the Prussian frontier, merely because he declined undertaking this tonsorial operation. Even in England, which professed to be more civilized, assistant naval surgeons were treated with equal contempt. William the Fourth, shortly after his accession to the throne, in 1830, openly reprimanded one of his illegitimate sons for daring to present an officer of this rank before him at a levee; and when Mr. Guthrie entered the military branch of the service, his position was scarcely less degrading. The Duke of Kent, the present English Queen's father, a few years before, looked upon surgeons as fit for no higher avocation than superintending his flogging matches; and before he was superseded for his absurd, not to say tyrannical, *martinet* discipline at Gibraltar, it was said he entertained serious ideas of causing the doctor's mates to exercise their ingenuity in the application of the tallow and common flour in which the British troops then indulged as a substitute for hair-powder and pomatum.

It is no small praise for Mr. Guthrie that, entering a profession thus degraded, he not only in the end invested it with respect but caused himself to be respected. Throughout the whole of the Peninsular war he served with distinction, and gained the confidence both of his brother-officers and men. He was never a favorite with the Duke of Wellington; for that old soldier had an equally stern surgeon attached to him in the person of a Dr. Hume, who followed him throughout all his

campaigns, and was preferred by him to the last, even though Sir Astley Cooper pertinaciously volunteered his services. Guthrie, however, was considered to be superior in professional attainments; and though many of his operations were bold, even to rashness—some said verging upon butchery itself—he was looked upon as the legitimate successor to the medical control of the army on conclusion of the war.

Yet, somehow or other, Guthrie, though he has invariably aimed well and drawn the bow most keenly, has never hit the mark. He was a high Tory and domineering in his politics; it was consequently not these which barred him from office. He was a bold and self-reliant man; no want of confidence therefore excluded him from the notice of the Duke of York, who presided over the British army as Commander-in-Chief. He was a fine-looking fellow; and this ought to have recommended him to the attention of his Royal Highness's mistresses, who then exercised the privilege of filling up most of the appointments. But Guthrie was poor, and this probably was the secret of his failure. He had not money sufficient to bribe these insatiable cormorants, and was of an address too brusque to gain their affections. He was accordingly passed over, and a more accommodating old Scotchman, the late Sir James Macgregor was appointed to the superior control of the army.

Balked in his expectations of public employment, Guthrie entered upon private practice, to which perhaps he was not averse, as, though less certain in its results, it is often infinitely more lucrative. No head of any medical department in the English service enjoys a higher pay than about \$10,000 per annum, whereas several instances have occurred of private practitioners receiving fully ten times the amount. Sir Astley Cooper in his best days generally realized this; one or two members engaged in inferior branches of the profession, or "specialities"—as the eye, teeth, &c.—have exceeded it; and many still realize an income varying from half to three-fourths of the sum. But in no instance does the public pay exceed the amount we have mentioned; and Guthrie, who invariably had an eye to what is termed "the main chance," accordingly readily reconciled himself to private practice. He never, however, found it proportionately productive. Though his

waiting-room was generally filled with patients, they were almost invariably of an inferior order, and ill-natured members of the profession stated that he paraded three-fourths of the number as decoys. This, of course, proved fatal to Guthrie's reputation; for though Sir Astley Cooper and several others had resorted to the expedient, they possessed the merit of having never been found out. Even though he had half a dozen of genuine patients waiting for him, Cooper would religiously go through the ceremony of receiving an equal number of decoys, if they had been previously stationed in the room; and greatly would he laugh over his newspaper or with some snug friend in the interval at the gullibility of poor John Bull, who usually flocks on those occasions to the practitioner from whom he receives least attention and most of insolence. But Guthrie, unfortunately, was too eager to clutch the money; and so soon as it was understood that a *bona fide* patient, with a guinea in hand, obtained priority over the dozen of miserable wretches who were sitting in the room on his entrance, the whole affair fell to the ground. Upon this he resorted in a considerable degree to the custom of Abernethy, who was wont to insult every person that called on him, and found the practice quite as lucrative as Cooper's affected suavity. But Guthrie was destitute of the humor and the oddity that lurked in every word and movement of "glorious old John." He was also without the fearless and truth-telling disposition that distinguished his prototype; and, so far from replying to a Royal Duke that he would "see him in his turn," or bluntly telling a member of the British Peerage that he had "overeaten himself," Guthrie, in common with nine-tenths of the profession, would have walked a mile on his knees to attend the one, or set off at railway speed to wait upon the other. Being thus evidently eager for practice (and possibly also in want of it), he never obtained it in any remarkable degree. In Britain, as well as elsewhere, success flows most upon those who seem indifferent to it, and nothing is more fatal to a man's reputation than either an eagerness for practice or a suspicion of being poor.

But in the course of forty years' experience Guthrie's practice necessarily has been great; and having been attached to an extensive London hospital—the Westminster—during the greater

part of that period, he perhaps at this moment possesses a more thorough knowledge of his profession, in its civil as well as military branches, than any individual in its ranks. Combining the two branches indeed, there is no one to equal him. Since the decease of old Larrey, he is the first military surgeon in Europe; Ballingall, Thomson, and a host of others, though knighted by court favor, or installed in professors' chairs, are mere imbeciles or tyros in comparison to him; and the long experience he has had in hospital and civil practice, since the conclusion of the great civil war in 1815, must have made him inferior to none whatsoever.

But his emoluments, as already stated, have not been commensurate; and hence Guthrie at an early period was induced to embark in one of the specialities of the profession. Observing that a German quack named Waller, followed by an Englishman named Alexander, made an enormous fortune as an oculist, Mr. Guthrie resolved on turning his attention to diseases of the eye, and was mainly instrumental in the erection of an hospital for their treatment. He possibly was more familiar with affections of the eye than either of these parties; for no disease has ever been more common with British soldiers than *Ophthalmia*—or, as the Irish soldiers termed it in Egypt, *Oh tell me*—and its various modifications. But he was destitute of the tact, the suppleness, and the court favor which these adventurers were masters of; and hence, though the hospital he founded may have been productive of advantage to the humbler classes of the public, this branch of the profession has never materially enhanced his own emoluments. The London fashionable world preferred following the example of the reigning king and royal family, who extended their patronage to the German and English charlatans. The stupid old King George the Third, so long as he retained his sanity, obstinately adhered to Waller: George the Fourth, in consequence of a miraculous cure effected upon a favorite horse, was for a moment inclined to swear by Wardrop; but this really scientific man being somewhat too much of a plain-speaker for a court, the Duke of Sussex, and other members of the race, patronized Alexander. His Royal Highness, in his age, was wont piously—or, as some thought, profanely—to “thank God and Mr. Alexander” pub-

liely for a temporary alleviation of a cataract under which he labored ; and Mr. Guthrie finding himself thus hopelessly excluded from the field, reverted to the more legitimate and comprehensive practice of the profession.

It was well for him perhaps that he did ; for though these "specialists," as they are termed, in England, frequently obtain a much more lucrative practice than far higher and abler members of the profession, it is the custom of the College of Surgeons to exclude them from any conspicuous position in its ranks. Mr. Alexander, and others of his order, if they even be surgeons at all, are reduced to their natural level so soon as they enter its portals. The humblest general practitioner looks down on them with comparative disdain ; and no one is ever elevated to any official dignity in the profession unless he be a pure surgeon. This feeling is perhaps carried to excess, and considerable has been the outcry there raised against the "pures ;" but it serves to exclude wealthy moths, and, in some degree, contributes to the cultivation of surgery as a science. Were merely fortunate adventurers admissable, a corn-cutter might become President of the College ; and, had Mr. Guthrie obtained success in his practice as an oculist, he would never have been raised to this elevation.

Guthrie has of course passed through the inferior, and scarcely less lucrative appointments of the College. He has been a member of the Council, and long was stationed in the Board of Examiners, whose duties it is to grant diplomas. In the old unreformed days of the College, some very handsome "pickings" were attached to these offices ; and a considerable share of the sum paid for diplomas goes to the Examiners still. Mr. Guthrie has been one of the most persevering members of this body, and often continues interrogating so long that, as he himself declared, he would find relief from exchanging places with the man who is breaking stones in the public square below ; but still we do not believe that he is a whit more mercenary than any of his associates. All of these close corporations in England, however, and their officials, have been notorious for venality and corruption ; and, though within a few years reformed, the Royal College of Physicians is not a whit purer than others of the order.

Independently of his distinction as a military and hospital surgeon, Mr. Guthrie has also sought fame as an author. In this capacity, however, he has not acquired any high reputation. He has published several volumes, and his work on "Gunshot Wounds" assuredly contains much valuable information. It is deservedly entitled to far higher rank than the productions of Ballingall, and other inflated imbeciles, who have written on similar subjects. But one glaring fault extends throughout the whole of Guthrie's works. Though one of the most precise and decisive of men in his ordinary elocution, he is the most confused and discursive of all existing writers. His sentences, as well as his books, have seemingly neither beginning, middle, nor end. He plunges at once *in medias res*, but is in other respects wholly oblivious of the rules prescribed in Epic poetry. The injunctions concerning every-day composition and common English grammar, as prescribed by William Cobbett and Lindley Murray, he appears to hold in equal contempt. At the end of one of Mr. Guthrie's interminable paragraphs, it would be wholly impossible to say whether he was alluding to himself, his patient, or the reader who is doomed to the hopeless task of wading through his pages, and endeavoring to discern the purport of his remarks.

As a lecturer, the same confusion of language, though not of ideas, characterizes Mr. Guthrie. He is conscious indeed of his own deficiencies, and either never attempts a regular address, or is too careless to write one. He confines himself generally to a clinique, and, when delivered in the operating theatre, it was one of the oddest of lectures. Aware of his own imperfections, and that the students laughed at them, he usually cocked his hat, and looked fierce at his audience, on entering the room. This, however, was in the days of his zenith; and he would instantly launch into the subject, and entangle himself for an hour in a labyrinth of confusion—his beaver remaining must defiantly perched over one eye to the last. But all is now changed; and if the old man of late years has ever ventured on a remark at all, it is in the most subdued tone, evincing a want of force which is positively painful. In public his appearances are still more distressing. The last time he was summoned out—in some libel case of Mr. Wakley's—the once bold

and boisterous surgeon refused to open his lips, or to pronounce an opinion, unless, as he said, a dead man, interred twelve months previously, were "placed before him." He was evidently in his dotage, or domestic affliction had pressed heavily upon his head; and even his former enemies sympathized with him, when the court, probably ignorant of the cause, peremptorily ordered him to withdraw.

In his person, Mr. Guthrie was one of the finest-looking of men. Tall, handsome, and vigorous in figure, he had a face eminently striking and expressive. His visage was dark, his features were prominent and elegantly chizelled, his black eyes keen, his lips compressed. A look satisfied all that he was not only a shrewd man, but that he knew himself to be so. The higher expression of intellect was wanting, and it was evident that Mr. Guthrie's thoughts were concentrated exclusively on himself. This intense egotism, with his domineering habits and dictatorial propensity, rendered him long unpopular, both with the profession and public. But it was perhaps engendered by early disappointment and comparative neglect. He has been doomed to see himself condemned—men his inferiors far placed over his head—and the general feeling now in England is that Mr. Guthrie is an injured man.

Quacks vs. Regular Practitioners—Duties of Medical Societies.

MR. EDITOR:—Professing to be one of the number who believe in "Prove all things, and hold fast to that which is good," I desire to consider the course adopted by regular practitioners in reference to investigating the systems and theories of irregular practitioners. These views are offered more particularly to examine the proceedings of the New York Academy of Medicine at their meeting of December 5th, 1855, at which time I had the pleasure of being present. A member suggested that inasmuch as the public mind is at the present time greatly agitated on the subject of "Electro-Chemical Baths," a committee be appointed to examine the subject, and report to the Academy the result of such an investigation. He stated that a cer-

tain "Professor" of "Electro-Chemical Baths" in Brooklyn had announced that he had operated on the well-known "Blue Man," and that such parts of his body as had been under the influence of the baths were perfectly cleansed, and had become of a natural color; but he concluded by saying that he had very lately seen the "Blue Man," who denied *in toto* the whole affair. The parts of this man's body which are covered by clothing have always been of a lighter hue than the portion exposed to the light, and they remain so still in spite of the baths and the professor's statement. The subject was now before the Academy. The older members immediately repudiated the idea of touching the unclean thing, and scouted the baths as "Vile Quackery, on a par with Inhalation and Homœopathy," and utterly opposed the appointment of a committee to serve such low purposes. In short, the whole affair was laid *under* the table, and indefinitely postponed. Now, Mr. Editor, I must humbly declare that I think the Academy wrong in this matter. As a general thing, it is policy to lay open and expose the faults and fallacies of an enemy, and thus destroy him. The Academy deems innovation as an unworthy and ignoble enemy, and, therefore, disdains to regard it. The medical profession pretend to have the welfare of mankind above all things most at heart. Now, they think these innovators, by their practices, are constantly injuring and endangering the lives of the dear public. Therefore, I ask why ought not the Academy fearlessly to examine any and every species of so-called "Quackery," and decide on the merits and demerits of each case. Probably not one member of the Academy knows anything about these baths; at all events, no one acknowledged this much. Why, and how, then, can they declare them a "Vile Quackery?" If they had examined the affair, and proved it to be so, it would then have been most worthy of them; but as it now is, I contend they acted most unfaithfully to themselves and to the public. The non-medical public is wonderfully susceptible to the fair promises of "Irregular Practitioners." In their simplicity they believed that by inhaling certain vapors they could ward off the destroyer; and now some are having faith that if they wash in certain baths they can be relieved of all the mercury and destroying minerals which the "*Regulars*" have been pour-

ing into their systems since their birth ! I am confident, if the Academy of Medicine had scientifically examined the system of inhalation, when it was first announced in New York, and then, if it had been proved to be a quackery, so declared it to the world, that the public would long ago have ceased to patronize the system. But as inhalation has flourished, so will also electric baths, unless they are proved to be useless by those able to judge of their merits. It has often been the case that real truths have been put down for a long time by those entirely ignorant of what they decried. Who was it that for so long a period endeavored to crush Jenner and his theory ? Did not physicians say and declare to the public, that if they allowed vaccine from the cow to be introduced to their systems it might cause *horns* to grow from their bodies ? ! The profession is now, as it was then, too illiberal. Truth ought never to fear to meet and combat a supposed error, nor ought one man, or any body of men, to declare *prima facie* that anything is false until it has been proved to be so ; and any body of men too aristocratic and too dignified to investigate a subject which has been written about in the medical journals of this and other countries, and has been discussed by the academies of Great Britain and the continent, surely are shirking most ignobly and evasively a duty they owe to themselves, and to a public so easily led away as ours is, by the many forms of charlatanism now flourishing among us. I am no believer in these baths, for I know nothing of them, but I feel that every man should examine a thing before he disapproves of it. A member so detracted from the dignity of the Academy as to remark, " That the Academy of New York could not afford to examine such subjects, even if the Academy of Paris had done so," I cannot see why, and I must contend that the public has a right to expect of medical bodies the examination and consequent approval or refutation of all theories which so concern human welfare. When this is done, quackery will be stripped of its garb of secrecy, and the glorious sun of true science shine more favorably on the medical world.

VERITAS.

New York, December, 1855.

Yellow Fever, considered in its Historical, Pathological, Etiological, and Therapeutical Relations; including a Sketch of the Disease as it has occurred in Philadelphia from 1699 to 1854. With an Examination of the Connections between it and the Fevers known under the same name in other parts of Temperate as well as Tropical Regions. By R. LAROCHE, M.D., Member of the American Philosophical Society, of the American Medical Association, Fellow of the College of Physicians of Philadelphia, &c., &c. Philadelphia : Blanchard & Lea. 1855. 2 vols., 8vo.

So much has been written upon the subject of Yellow Fever—so many speculations have been advanced as to its cause and the means of its prevention, during the last few years—that these two ponderous volumes seem to be an uncalled-for burthen upon the medical reader. The feeling, however, of distaste for such bulky works upon any one subject, will be exchanged in this instance for admiration, as the reader passes through the various chapters of these volumes, and finds all subjects connected with the one in question so admirably treated upon, and the various opinions of foreign and domestic writers so ably epitomised and brought into relation.

In a late Number* of our Journal, we presented to our readers an analysis of Dr. Barton's Report upon the Cause and Prevention of Yellow Fever. That Report viewed but one side of the subject, the facts and arguments of which were elicited by the demands of a Corporation, whose aid was given to the accumulation of the data upon which the report was based. In the volumes before us, we find the results of the unaided labors of one individual, who, searching the histories of epidemics of yellow fever in other localities than that of the city whose historian of this fever he has here constituted himself, investigating the recorded facts of centuries, has approached the characteristics of each epidemic to the other—has identified them with each other—has arranged the views of each observer in a categorical order, and by this means has presented one of the most complete treatises upon yellow fever with which American medical literature is enriched.

The wealth of documentary materials which the author has had at his command, and from which he has selected the most important elements, can be judged of by casting a glance over the extensive Bibliography of Yellow Fever, comprising forty-five pages, which

* November, 1855.

precede the text of the first volume. The numerous references to authors, at the foot of the page, speak for the fidelity of quotation or reference ; and the masterly manner in which the crude materials are approximated and arranged, confirm us, upon every additional page, in the opinion that these volumes constitute the most complete digest upon the subject in our language.

There could hardly be a subject more attractive to a medical philosopher and writer than this one. The vexed questions of contagion and quarantine are so intimately connected and associated with the very mention of this disease, that no one can discuss it without being forced to avow his conviction in relation to the one or the other. This, too, becomes a question of a great public character—one by which nations are, as a body, affected, and in which the remotest portions of our country are interested, however exempt they may be from the possibility of being stricken by the fever. In the course of our analysis of this work, we shall see that these collateral subjects are treated upon at large, and that the arguments pro and con are fairly presented and justly weighed.

The scope of this work is very extensive, and the style of argumentation and writing is very fascinating and agreeable to the student, who cannot fail to be gratified by the analytical manner in which each proposition is presented and sustained by the host of authority quoted. We have had occasion to congratulate ourselves and the author of these volumes upon the conciseness of his arguments, and the pertinancy of his reasoning, when we called the attention of our readers to a previous work from his hand. These volumes have a higher reach and more ambitious aim than the one upon Pneumonia ; and while that was a great addition to our medical literature, the present must be considered as a striking instance of well-directed labor most happily accomplished.

The fevers which, at different intervals, from 1699 to the present time, have raged as epidemic in Philadelphia form the basis of this work, or, as the author has expressed it in his preface, have served “as a central point towards which facts connected with the fever, as manifested elsewhere, converge ; in other words, to use a homely expression, as a hook upon which to hang a dissertation on yellow fever generally, its symptomatology, its anatomical characters, its pathology, its treatment, its etiology, and the laws by which it is governed.” All the requirements of a thorough investigation of the subject are herein expressed ; and, commencing with this intention, we cannot be surprised that the work should have grown, under his

hands, into the present extended monument of his earnest zeal and untiring industry.

The first hundred pages are given to the consideration of the topography, climate, and the change in population of Philadelphia during the last century and a half, with a historical resumé of the epidemics of the fever occurring during the same period of time in that city. We must omit any further mention of this part, reserving our space for the more highly practical portions of the work which follow.

Commencing, then, with the history of yellow fever, we are told that its aliases are almost as numerous as the countries in which it has appeared are diverse. It frequents from preference low, flat and level countries, and is not observed above a certain elevation, though what that point may be is not satisfactorily determined. It embraces in its extent a vast region of the earth's surface, clinging rather to the Atlantic coast of our own hemisphere, rarely having been observed upon the Pacific coast. In the classification of this disease, after considering those of other authors, Dr. LaRoche gives preference to that of Dr. Wilson, who mentions two species, the inflammatory and congestive, each with its different grades, according to the severity of the symptoms, and each merging into the other in such a manner that a strict classification becomes difficult.

In several succeeding chapters the symptomatology of yellow fever is at first discussed generally, and then its phenomena are separately examined. Our space will not permit us to pass in review with much detail the various symptoms observed in this disease, nor to follow to any extent the careful examination which the author makes of the appearances presented by the circulatory and digestive system.

These chapters are worthy of especial attention, and their value inclines us to dwell upon them, but the vast amount of matter to be analysed will only permit us to designate some of the most particular features.

As we have already observed, the fever, as it has occurred in Philadelphia, has been the starting point in these researches. Those which have occurred in other localities have presented the same general symptoms, the same striking peculiarities, so that yellow fever, wherever it arises, is considered identically the same. It is true that the symptoms of one epidemic are not in all respects the same as those of another, nor are all persons, during the same epidemic, in the same locality, similarly affected. This is true of every disease, and does not affect the question of identity of yellow fever, for some

marked phenomena are always present, which will characterize the disease, and serve as diagnostic signs. The symptoms which mark the invasion of this disease are no more constant in every epidemic than are those of the disease itself. In some instances, the first premonition is the actual presence of the fever ; in others, hours or days will pass with a series of phenomena evident, which foreshadow the approach of the fever. These premonitory signs are very various, but a feeling of *malaise*, such as precedes bilious or gastric fevers, is always complained of, whatever other peculiarities may be present, affected by the individual locality, or character of the epidemic. This is, however, not pathognomonic, nor can any premonitory symptom be so considered. In most epidemics, the invasion of the fever is marked by a chill, but this, too, is subject to the law of exceptions. Yet, from the numerous authorities quoted, a certain degree of chilliness, oftentimes amounting to decided rigor, is given as the usual mode of invasion. The fever sometimes comes on in the day time, but most frequently at night, and by one observer it has been remarked, that the hours of 6 A. M., and 6 P. M., were the most favorable to the seizure.

The blood has always been viewed as a matter of especial investigation during the progress of yellow fever, and has been examined at all and every stage of the disease. It has been uniformly found changed, but variously, according to the stage of the disease, and the circumstances which alter the symptoms of the epidemic. Our author thus sums up his views upon the changes of the blood, as they have been deduced from his own observations and the collected authority of other writers. "These facts and statements," says he, "can leave no doubt in our minds that the blood, in the yellow fever, approximates, to a great extent, to the condition it presents in other pyrexia of the zymotic class. It exists in varying degrees in all malarial diseases, from the simple intermittent to the malignant remittent, as well as in typhoid, typhus, and relapsing fever, to say nothing of cholera, the plague, and eruptive fevers. * * * * That it manifests in the early stage of the disease—in some cases, at least—as it does in other forms of malarial fevers, little or no change from its normal state, may be true ; but in a great number of instances, it undergoes, even at a very early period, alterations of the most important kind, in its chemical composition and physical character, no one can deny. The fluid is in that state which has received the denomination of hypinosis, and in the worst and malignant cases reaches that denominated spanœmia. The fibrin is frequently less

than in healthy blood, or, if it amounts to the normal quantity, its proportion to the blood-corpuscles is less than is found in a state of health. In the early stage of uncomplicated cases, this element is never augmented ; sometimes it is in natural quantity, often diminished ; but, whatever be the proportion of it at first, the quantity decreases as the disease advances. The blood, from this circumstance, has a tendency towards a state of dissolution, or that which, at a period not very remote from our own, was designated by the name of putrid or adynamic. It presents all the characters resulting from a diminution of fibrin, imperfect separation of the serum and crassamentum, and, as a result of this diminution of the former, a dark-colored, large, flat, and soft or over-diffuent coagulum, or no coagulum at all. At the same time no albuminous coat forms, or, when it does, it is thin and soft, and consists of a gelatinous, parti-colored deposit on the clot, and the serum is more or less discolored from the coloring matter of the bile, or from dissolved hæmoglobin or blood corpuscles in suspension. While such are the changes that take place in regard to the fibrin, the quantity of corpuscles is either absolutely increased, or their proportion to the fibrin is larger than in the healthy state ; and in addition, the quantity of solid constituents is also frequently larger than in the normal fluid."

The microscopical characters of the changes in the blood are not yet positively defined, nor have the chemical changes been satisfactorily ascertained. Many peculiarities are related, as observed by the microscope, among which is particularly remarked, the disposition of the corpuscles to form into rouleaux without passing through the intermediate stage of overlapping. In some instances chemical analysis has revealed a condition of acidity, which has been noticed by several observers. A deficiency in the saline ingredients has been advocated by some authors, and an increase in some instances, reported by others ; while one investigator has ascertained, after numerous experiments, the presence of urea ; and during the last epidemic in Philadelphia, a chemist of that city found the constituents of bile with a diminished quantity of salts in one case, and an increase of salts in another, but no urea.

Much, therefore, remains in relation to the blood, to be positively ascertained. Viewing the disease as the result of a specific cause, affecting the fluids of the system, it would be natural for us to look towards the blood as exhibiting some constant and never-varying change ; but this, in the present state of our science, is denied us.

The resumé of our knowledge upon this point, by Dr. LaRoche, gives us a hope that still further investigations will enrich us with important facts, which will enable us to judge more correctly of this disease, while it at the same time shows us the discrepancy in opinion and the poverty of our present resources.

The same uncertainty exists as to any positive phenomena indicated by the pulse. There is a great difference in different individuals, and in different epidemics, as to the strength, fullness, and frequency of the pulse. Sometimes it is strong, full, and rapid ; at others, small, weak, and comparatively slow, though a frequency is most generally remarked.

Hæmorrhage is one of the striking characteristics of yellow fever. It occurs in this form of fever more frequently than in any other, and is perhaps a more constant phenomenon in all its grades than any other symptom. It proceeds from a greater variety of parts of the system than during the course of any other disease, either directly out by some of the natural openings of the body, or through the tissues into some part.

Dr. LaRoche divides the hæmorrhages occurring in yellow fever into external and internal. The first are described as taking place by the skin, nose, gums, tongue, and mouth ; fauces, pharynx and œsophagus ; eyes, ears, stomach, bowels, and anus ; genito-urinary organs, uterus, lungs, wounds, sores, and denuded surfaces ; while the internal hæmorrhages are by petechiæ, ecchymosis, and sub-cutaneous and inter-muscular hæmorrhages. In some epidemics hæmorrhages from one part occur, which are not witnessed in another ; and again, in one season, they tend towards a favorable issue of the disease, while in another, they hasten on the fatal termination.

The skin furnishes some of the most uniform and peculiar symptoms observable in yellow fever. It is from the appearance of the skin that the disease takes its name. In addition to its color, it presents variations as regards temperature, its secretions, sensibility, and odor. Most of the authorities quoted by Dr. LaRoche speak of the hot, burning skin which comes on with the first stages of the disease, after the first coolness. This heat varies in intensity in different individuals, in some being very pungent, in others not much over the ordinary temperature. So, too, as regards its secretions, there is no uniformity ; while in most cases the skin is dry, in some it gives a greasy, unctuous sensation to the hand ; and again there is a great variation as to its sensibility, being very intense in some, and obtuse in others. A disagreeable odor, though remarked by very few

writers, has been discovered by our author, and has aided him in some instances to form a diagnosis. The morbid changes in the color of the skin, however, is the predominant sign furnished by this tissue. This varies in different stages of the disease. After the very commencement of the disease the skin is usually pale, but soon it becomes red, particularly upon the face. "So common, indeed, is the unusual redness of the skin," says our author, "and so peculiar and marked is the degree it attains, that this symptom has commonly, and very properly, been viewed as pathognomonic of the yellow fever, and may alone, in many cases, indicate to an experienced eye the real nature of the disease, or, if not alone sufficient for that purpose, will ever be regarded in the light of a most important diagnostic sign.

The yellow color of the skin, which is usually associated in our minds with this fever, and which we naturally suppose from the name to be a constant attendant upon this affection, is not pathognomonic. The jaundiced appearance is not always present ; on the contrary, it is frequently absent, and in some cases the fever runs through its course without the skin presenting any discoloration of this kind. Other diseases, too, have this peculiarity equally observable during their progress, so that it cannot be esteemed as peculiar to yellow fever. This phenomenon, however, is more frequently seen in fatal cases than in those which recover, and its intensity of shade or hue varies with the period and grade of the disease, the temperament of the patient, and the natural color of the skin. Without attempting to present an analysis of this very interesting chapter, we shall simply refer to the remarks of our author upon the relative merits of the two theories as regards the cause of this discoloration. The arguments of the conflicting theories—the bilious or the sanguinous—are fairly presented, but in the opinion of our author each seems to be inadequate by itself, to account, under all circumstances, for the appearance of this phenomenon. Rather favorably disposed towards the sanguineous theory, he yet shows some hesitation in adopting it in the statement, that he is "not sure that, in the present state of our knowledge, we are justified in adopting it in all instances, to the exclusion of the other, and to refuse our assent to the fact that the yellowness which occurs in the yellow fever is sometimes, if not often, connected with a particular derangement of the biliary organs, or a modified condition of the hepatic functions, and is therefore allied to ordinary jaundice." The advocates of the theory that it depends upon some disposition of the blood believe that it is "a result, in part, at least, of a yellowness of the serum, arising from a

colliquation or dissolution of the red globules ; its separation from these, and admixture with their coloring matter, and subsequent effusion under the cuticle, or, in great measure, of an *error loci* of the diseased globules in the white vessels, or the cellular tissue, as in ecchymosis ; in other words, of the existence of a congestive state of the sub-cuticular capillary net-work, akin to that occurring in the mucons membrane, and giving rise to hæmorrhages." To both of these theories strong objections are raised, and both are advocated by a host of writers, yet it would seem that both are right and both wrong, for experiments have disclosed the presence of bile in the serum of blistered surfaces, and yet the peculiar tinge did not seem owing to this alone, but to the presence of the altered blood, so that a union of the two theories would appear to be the correct rationale of this symptom.

In addition to these, the skin exhibits other changes, some of which have already been spoken of incidentally, as external hæmorrhages, while others appear in the form of boils, carbuncles, abscesses, and various forms of eruptions, in different parts of the body.

Passing from these, Dr LaRoche reviews at length the symptoms presented by the digestive organs. It is under this heading that he brings together most important material upon the subject of black vomit. We must forego any lengthened mention of the nausea which is so frequently met with in the early stages of yellow fever, either attended or not by vomiting, and can only refer to the general gastric disturbance, as evidenced by a sensation of heat at the præcordia, hiccup, eructations, and vomiting. The symptoms, too, which are furnished by the intestinal canal, we shall have to pass in silence, in order to give a more detailed summary of the interesting facts and remarks collected in the two chapters devoted to the discussion of black vomit.

There is no symptom which can arise in the course of this fever which creates more alarm than the appearance of that ejection from the stomach known as black vomit. So peculiar is this symptom, that by many it has been regarded as pathognomonic of the disease ; and some, says Dr. LaRoche, have denied the possibility of diagnosing the disease, unless black vomit be present, while others affirm that, when absent, the disease cannot be said to be true yellow fever. But this is not the fact, as abundance of testimony proves. It cannot be considered as the symptom *par excellence* of yellow fever, as it occurs in not only many other diseases allied in character to yellow fever, but in affections having no relation to it whatever.

Nor is it a constant phenomenon to be met with in all cases of this malady ; for, in some instances, the fever may pass through all its stages attended by all the usual symptoms, with this exception. Its presence alone, then, in ordinary cases, cannot be relied upon as irrefragable proof of the identity of the fever, nor yet from its absence can we decide that we have not to do with this disease.

Black vomit occurs late in the course of yellow fever, and is in reality more a termination than a symptom, for this ejection is regarded as a fatal sign ; the great majority of those in whom it is witnessed fall victims to the fever. It usually "makes its appearance at the opening, or about the middle of the second stage of the disease ; sometimes at the decline of the first stage ; occasionally, but rarely, during the first or febrile paroxysm." Although regarded as a most unfavorable sign, still many cases do recover after the appearance of this discharge, and the generally received opinion is, that the prognosis is more unfavorable the greater the quantity and the darker the color of the ejected matter. Slight discharges at first seem to relieve the symptoms at the stomach, and no effect is apparently made upon the strength of the mind or body of the patient. Unless the vomitings be continued, the patient may recover, but if repeated often, the fatal issue is sure to come.

"The black vomit," says our author, "notwithstanding its name, is rarely of a black color. As seen in this city, it is more frequently of a dark brown, bistre, chocolate, or amber hue. In some instances the color approaches to a dark slate, or to a muddy claret. It is of two kinds. The one consists of a number of dark, flaky particles, which have been not inaptly compared to butterfly or bees' wings, and which assume gradually the appearance, with more or less distinctness, of the grounds of coffee, of soot, or finely-powdered charcoal, floating in a quantity more or less considerable of thin, glairy fluid, bearing a slight resemblance to a weak infusion of flaxseed or green tea. The other form is more homogeneous in character, and presents the appearance of dark-colored, inspissated mucus or thin tar, or a thick mixture of molasses and water."

From whence proceeds this discharge, and what is its character ? This has been a subject of much controversy between the different adherents of the sanguineous or bilious nature of the discoloration of the skin. It has been advocated that this discharge was nothing more than bile, changed somewhat in its character, and mixed occasionally, though not always, with blood ; or yet, that it was altered bile thrown out by the liver in this vitiated form. Others again have

advanced the idea that it was a morbid secretion of the inflamed vessels of the stomach, or the mixture of the black bile of the gall bladder with the fluids of the stomach. The theory now most favorably received by those acquainted with this disease, and to which our author inclines, is that it is a hemorrhagic effusion from the capillary vessels of the mucous coat of the stomach and bowels; in other words, of blood,—real, though somewhat modified in its texture. The agent which acts upon this effusion is an acid, the product of a diseased stomach; and the different characters which are observed in this effusion, can be accounted for by the manner in which this acid is brought to bear upon the discharge, or the manner in which this effusion is poured out, as well as the effects upon the blood by other contents of the stomach.

The many arguments advanced by the advocates of these different theories, are stated, and their value justly weighed. In addition to those which have heretofore been offered in support of the theory representing it to be altered blood, the evidence of a host of our best microscopists is given, with their analysis of this discharge, and all agree that the sedimentary portion of the black vomit is composed almost entirely of blood corpuscles in various stages of degradation.

With equal minuteness, and with equally wonderful research, Dr. La Roche examines all the symptoms which are ever present during the course of this disease. After exploring all the data in relation to its pathology, its anatomical character, the complications which may arise, the subject of critical days, of convalescence, and relapse, he devotes many pages to the consideration of the important subjects of prognosis, and diagnosis, with which the first volume closes. We shall have to pass these over without a word other than that of commendation.

In discussing the etiology of this fever, Dr. La Roche wanders from the beaten track of predisposing, exciting, and remote causes, and investigates the influences which may produce this disease, as depending upon the individual, as resulting from hygienic causes, from contagion, and from infection. Under the first head is reviewed the subject of acclimatization, or the conditions under which certain individuals enjoy an immunity from this disease. The views expressed here do not in any important respect differ from those which we drew from the excellent report of Dr. Barton. No person seems entirely exempt, though statistics have shown that native born citizens, who have not been removed for any length of time from the local influences, are least susceptible, and the ratio of immunity is inversely to

the distance north from the seat of the affection. Females are not as liable to take the fever as males, and individuals of both sexes in middle life are sooner affected by it than either extreme of youth or age, and, as a general rule, it has been observed that, under the same circumstances, the negro race is less likely to be attacked than the white. Those too who have once had the fever, are supposed to enjoy a freedom from another attack, yet instances are brought forward where some individuals have been afflicted two or three times ; as a rule, however, it may safely be asserted that he who is once prostrated by this terrific disease, need fear no further danger from it.

Among the causes depending upon the individual, are cited the passions and emotions. Fear has always been considered as one of the most depressing influences which favor the eruption of fever. A panic in a neighborhood where this disease has appeared is always followed by the saddest results. Excessive emotions of any kind, whether of joy or grief, despondency, anger, venereal excesses, intemperance in eating or drinking, hastens its development. Dr. La Roche illustrates all these propositions by numerous instances drawn from his extensive resources.

The hygienic causes are considered under the title of *circumfusa* ; and are enumerated as resulting from temperature, light, electricity, the hygrometric conditions of the atmosphere, and wind.

Heat is one of the most effective causes in the production of tropical fevers. Yellow fever is without doubt a product of hot climates, and yet authorities are mostly in accord in denying to this element alone the power to elicit exactly those influences which give rise to this disease. A certain degree of heat is, however, necessary ; but an excessively high range of the thermometer is not needed to arouse the other causes which are requisite. In fact, a too high temperature will cut short the epidemic of yellow fever. This fact is particularly stated by Dr. Barton also, who says that a temperature above 90° is too high for its production, while an average tropical temperature of 80°, continued a considerable time, with other concurring causes, is essential to its production.

How far light and electricity are influential as meteorological causes, is more a matter of speculation than of positive proof. That light does have some effect is undoubtedly true, and this view is sustained by strong analogies, and that electricity has a potent influence in bringing about certain atmospherical changes which favor the development of yellow fever can scarcely be doubted.

Dr. La Roche, however, does not agree with Dr. Barton in esteem-

ing the barometric changes in atmospheric pressure as having any further influence than "placing the system in such a condition as will predispose it to the deleterious impression of some more efficient cause."

Humidity, which has always been regarded as one of the most efficient causes of yellow fever, is treated upon at great length by our author. It is well understood that tropical countries show a greater degree of moisture in the atmosphere than the temperate zones, the proportion increasing as we approach the equator, where this class of fevers arise, and decreasing gradually as we draw near to the colder regions, where this affection never shows itself. The observations of Dr. Barton, which we have already given, are very full and interesting upon this subject, and carry with them a great deal of authority. Whereas Dr. Barton attributes a powerful agency to a high dew-point, combined with heat, in the production of yellow fever, and believes that its development will not take place without this combination, Dr. La Roche, at the same time that he admits that fever is generated by such a union of phenomena, does not consider their presence altogether essential to its production. According to Dr. R., the disease often breaks out, spreads widely and fatally, though the atmospherical conditions in question are not carried to the degree deemed requisite by Dr. Barton.

The agency which winds have in producing or disseminating fevers, Dr. La Roche presumes to depend upon their influence in placing individuals in a position to be acted upon by the efficient cause, or by arousing in them the development of the disease. Winds too, favor the elaboration of its cause, and its propagation from place to place. No particular wind can be designated as the sole agent of this kind. In different localities different currents of air are attended by the development of the febrile symptoms, so that no reliable indication can be drawn as to the cause of this malady from the character of the wind. Dr. La Roche, therefore, does not consider a high degree of heat long continued, nor the presence of a great degree of humidity in the atmosphere, nor the prevalence of any particular wind, as being alone, or together, sufficient causes of yellow fever.

In the following chapters he discusses the subject of an efficient and immediate cause, and with the minuteness of research which characterizes his whole work, seeks in all the authorities at his command data from which he can deduce the evidence of such a cause, and by which he can ascertain its nature. This subject introduces that of contagion and non-contagion, which has always been a point of the

warmest discussion among medical philosophers. There have been two ways of explaining the origin and mode of propagation of the fever :—by contagion and infection. Some writers consider these identical in kind, differing only in degree. Dr. La Roche thus explains his meaning of these two terms. By contagion he means, “a poison, effluvium or emanation, generated by morbid secretion in the course of a distemper, and possessing the power of inducing a like morbid action in healthy bodies, whereby it is reproduced and indefinitely multiplied, whether by contact, near approach, or the medium of external bodies impregnated with it. By infection, on the other hand, the reader will understand that power or poison which results from the decomposition of dead animal and vegetable substances, or other putrescent materials, if such exist, and through means of which a morbid state is induced in the system of individuals exposed to its action.”

The arguments which support the contagious character of the yellow fever are collected, analyzed, and concisely stated by Dr. La Roche, and their full weight of authority is given to them. Not, however, an advocate of this manner of accounting for the origin and propagation of the fever, Dr. La Roche proceeds to establish by counter arguments its non-contagious character. These arguments, *pro* and *con*, are so extended that we cannot give even the briefest epitome of them, but we would especially refer those who are interested in this subject to the chapters containing this discussion. The pages which comprise them must always be considered as a standard contribution upon the subject, and will serve as a valuable work of reference to other authorities.

Our author finds the doctrine of infection applicable to yellow fever, and confirmed by all the facts which he has brought together in this work. “The agent of infection,” he says, “usually exists in the state of gas or miasm, and as such, occurs in filthy localities—houses, ships, jails, hospitals, and cities—as well as in marshes, and fenny and low districts of country.” Whatever this agent may be, though undoubtedly of miasmal origin, it is different from that producing other fevers which are occasioned by malaria. For though it has been maintained that yellow fever, as well as remittent and intermittent fevers, are the effect of a like miasm, it is well known that while the effluvia producing the latter ascends to a considerable height, the poison of the former keeps close to the ground, and never rises to any great distance from its surface. That this malaria, arising from decomposing vegetable substances alone, has been sufficient to

produce the fever, has been satisfactorily ascertained, but that animal decomposition can also by itself occasion it, our author is not disposed to believe. The union of the two, however, may, he thinks, add an increased virulence to the poison. Our author believes in a specific cause, "but in what it consists, and to what it is due, are points which, so far, have not been positively ascertained. As far as regards the disease before us, as well as every other of an epidemic kind, we must rest satisfied with the fact of the existence of a secret power residing in the atmosphere, and which, under certain contingencies, operates injuriously on all individuals exposed to its influence, promotes the generation of morbid poisons, and imparts a special character to the prevailing disease."

We must pass over the treatment, to say a word upon the prophylaxis of this disease, which includes the subject of quarantine. Viewing this fever as of miasmatic origin, and arising from local causes, the author of this work deems it "indispensably necessary to effect the removal of all local nuisances, before the accession of hot weather—of everything likely to prove a source of infection or exhalation, and thereby to generate or aggravate the fever. We are entirely of accord on this point, and cannot but look upon the officers of our city government, who having the power to remove from our midst the local causes of this most fatal disease, yet from sordid motives argue themselves into the belief of its contagious nature, and even would seem to be convinced that filth of all kinds were preventives of the disease—we cannot but look upon such officers as guilty of the greatest crime.

Upon the subject of quarantine, Dr. La Roche thus expresses him self: "After what has been said in former chapters relative to the mode of origin and propagation of the yellow fever, I need scarcely say that quarantines, as at present organized, can meet with no favor among individuals well versed in those matters. They are based upon the assumption of the contagiousness of the disease, or on an hypothesis equally groundless—the transmissibility of self-propagating germs—and hence may have suited at the origin of their establishment, when the belief in the spread of this, as of other kindred diseases, through means of contagion, was almost universal among well-informed professional men. But as I have shown, sentiments have since somewhat changed; and it must be admitted that against a disease not endowed with such properties, whether applied to goods, clothes, or the sick, and especially to individuals in health."

This opinion is certainly gaining ground with all professional men

who have attentively considered the subject. Nor is this unsustained by facts, as the past season sufficiently shows ; for notwithstanding the most rigid quarantine, the fever took its origin in and spread with frightful rapidity and unusual severity, through Natchez and the circumjacent country, while other places, adjoining affected localities, had no appearance of the fever, although no reliable quarantine was established. In our opinion, exemption from the disease must be secured by proper hygienic measures thoroughly carried out,—by the removal from our midst of all the localising conditions,—all the elements which can produce and foster this or kindred diseases.

Dr. La Roche's work, it will be seen from this, is a complete transcript of all opinions upon every subject connected with that of yellow fever. At the same time that he brings forward conflicting theories, and states with the frankness and fairness of a truly scientific author, all the arguments which can support an opinion contrary to his own convictions, he does not hesitate to give his own, which, from the experience he has had during the epidemics in Philadelphia and elsewhere, as well as his acquaintance with ancient and contemporaneous literature of the subject, must be of great authority. From both these circumstances, therefore, these volumes have their value, and on account of the richness of the materials here furnished, as well as the ably drawn conclusions, we rank it among the highest of the contributions which medical literature has received from an American author.

J. H. D.

The Obstetric Memoirs and Contributions of James G. Simpson, M.D.. F.R.S.E., Professor of Midwifery in the University of Edinburgh, etc., etc., etc. Edited by W. O. PRIESTLY, M.D., Edinburgh ; and HORATIO R. STORER, M.D., Boston, U. S. Vol. 1., pp. 756.

To Prof. Simpson are we indebted for more improvements in obstetric medicine than to any other man of the present age. The greater portion of this handsome volume has appeared in the British journals of medicine, and has been republished in the American journals. As the American edition truly says : " The pages of our medical journals, for many years past, show with what avidity his opinions have been revered ; the changes that have come over our practice, the extent and celerity of their adoption." But like all progressive men, Prof. Simpson has met with opposition, often of the

most violent character. For example : in the proceedings of some of the London societies, we have seen reports of papers by Mr. Robert Lee, which seemed to have no other object than the annihilation of Prof. Simpson. We had formerly regarded Dr. Robert Lee as a zealous, honest, and somewhat useful laborer in the same field ; but for the last four or five years we have been in doubt whether he was insane or only wicked. To us, on this side of the Atlantic, who have no knowledge of the motives which prompted him, his papers on the use of the speculum, the uterine sound, the intra-uterine pessary, and on the use of chloroform in midwifery, have seemed like the mere expressions of personal hatred towards Prof. Simpson, Mr. Henry Bennet, &c., rather than as scientific discussions of the subjects enumerated, with an honest desire for truth. While we do not forget that Dr. Lee has in his day contributed somewhat to the elucidation of the pathology of phlegmasia dolens, we do not hesitate to say in this connection, that we have long regarded his "Lectures on Midwifery" as a work in which there is a great deal of bad teaching, his "Clinical Midwifery" as a record of a great deal of bad practice, and his assumed discovery of the development of the nerves of the uterus during pregnancy, as humbug. We learn from the preface of the American editor, that in 1840 Dr. Lee was a competitor for the chair in the Edinburgh University, which Dr. Simpson now holds. This is a most significant fact of which we were before ignorant.

Influenced by the supposed position of Dr. Lee, there have been some in this country, as well as in Great Britain, ready to adopt his views and echo his sentiments. But the most of the innovations in practice, proposed by Prof. Simpson, are now accepted by the mass of the profession ; and any suggestion from him, whether involving a question of diagnosis, pathology, or practice, is entitled to the most careful consideration. The profession now have the various essays and papers of Prof. Simpson brought together in one volume. We do not propose to discuss the various subjects contained in this volume, but merely to give our readers a general idea of its contents.

The work is divided into three parts. Part I. is on the Special Pathology of Unimpregnated Females ; Part II. The Physiology and Pathology of Pregnancy ; Part III. Natural and Morbid Parturition. Part I. commences with a lecture on uterine diagnosis. The diseases of the uterus are generically the same, as the diseases of other organs ; and the general principles of their treatment are also the same, the special modifications which they require not being greater than the special modifications that must be attended to in

applying any general principles to any other individual organ or set of organs. Dr. Simpson alludes to the error of exclusiveness in studying the diseases of the uterus and its appendages. One set of practitioners referring all diseases of the uterus to debility ; another set regard them as all arising from congestion or engorgement ; a third set look upon the general run of uterine cases as almost invariably inflammatory in their nature ; a fourth set seem to fancy all uterine ailments are produced by some mechanical displacement, as prolapsus, versions and flexions ; another set believe that these uterine diseases are all to be referred to the ovaries ; and another set still regard these supposed uterine, or ovarian diseases, as not at all uterine or ovarian in their origin, but in reality diseases of the general system. He then discusses the rational or functional symptom of uterine disease ; and, secondly, the physical, or anatomical signs and symptoms.

The rational symptoms of uterine disease are : 1st. Derangements in the functions and vital condition of the uterus itself. Thus the function of menstruation may become irregular in regard to the time of its occurrence, or the duration of its appearance ; or the quantity of the menstrual fluid which is thrown off ; or the nature of that fluid may vary ; and it may or may not be accompanied by pain and suffering ; and pain, if present, may be constant, or it may be spasmodic or paroxysmal. The mucous secretion may be increased or diminished in its quantity or quality, or it may be constantly or occasionally mixed with blood or pus. The function of conception may be interfered with, so that sterility is the result ; or the uterus may not have the power of carrying the fœtus beyond the second, fourth, or sixth month, the patient being subjected to a series of abortions, or premature labors. 2d. Dynamic symptoms in other neighboring pelvic organs. For example : pains about the bladder or rectum ; about the coccyx or sacrum ; in the groins ; or along the crest of the ilium ; and, what is exceedingly frequent, down the limbs, along the course of the crural or sciatic nerves. The functions of the bladder or rectum are often interfered with. 3d. Sympathetic pains in different and distant parts of the body. Reflex sympathetic pains, or neuralgias, are often so marked and severe as to draw away the attention of the patient, and even of the practitioner, from the real nature and seat of the original and primary malady. 4th. Derangements of functions in distant organs. The bladder is liable to be irritated and deranged in its function in uterine disease ; sometimes mechanically, but very frequently sympathetically. The intestinal canal is espe-

cially liable to be deranged in its functions in uterine disease. The nervous system becomes weakened or mobile, and supersensitive in most patients suffering under any protracted, and especially under any weakening form of uterine disease. 5th. The *states of general constitutional derangement* that may be found attendant upon uterine disease vary with the disease itself.

The means for physical diagnosis, that we may resort to in the detection and discrimination of the diseases of the uterus, and ovaries and neighboring parts, are—

1. The external or abdominal examination of the patient by sight, touch, auscultation and percussion.
2. The tactile examination of the uterus, ovaries, &c., by the vagina, or by the rectum.
3. That most important mode of diagnosis, viz., the simultaneous combination of the external and internal modes of tactile examination.
4. The use of the speculum.
5. The use of the uterine sound.
6. The use of the sponge tents, with the view of dilating the os uteri, so that the finger can be introduced into the cavity of the cervix, or the cavity of the body.
7. The chemical and microscopic examination of the discharges from the uterus and the vagina.
8. The employment of the exploring needle in cases of fluid collections, in order to ascertain the contents of such collection.
9. The adoption of anæsthetic agents, to relax the abdominal parietes, and enable us to practice the different modes of examination, in cases of excessive or neuralgic tenderness of the abdominal surface or vagina, &c.

In the use of the speculum, Prof. Simpson prefers that the patient be placed on the left side, in the usual obstetric position. We think the back a much more convenient position, and even less disagreeable to the patient. In 1843 Prof. Simpson first proposed the sound in uterine diagnosis. The value of the sound is stated in the following propositions: I. The sound increases, to a great degree, our power of making a perfect and precise tactile examination of the fundus, body and cervix of the uterus. II. The previous introduction of the sound facilitates and simplifies the subsequent vesical examination of the cervix uteri with the speculum. III. By the use of the uterine sound we may, in many instances of pelvic and hypogastric or abdominal tumors, ascertain the connection or non-connection of these tumors with the uterus. IV. The sound is capable of affording valuable diagnostic information, by enabling us to measure the length of the uterine cavity.

Our limits compel us to pass by without remark the valuable papers on the diagnosis and treatment of uterine polypi. In the removal of

the large uterine polypi, Prof. Simpson prefers excision to deligation. By referring to the April number of this Journal for 1855, it will be seen that we had adopted this method, for reasons therein given. We were then ignorant of Prof. Simpson's views on this point, but are gratified to find that we had arrived at the same result by a similar process of reasoning. Prof. Simpson's paper on "*Retroversion of the unimpregnated uterus*" was one of the first, and is to this day one of the most valuable that has been written on the same subject. In regard to the treatment of this affection by the intra-uterine pessary, we have not had sufficient experience to express an opinion as to its value. Among the other articles in the first part, we may mention as particularly valuable and interesting, the papers on "*Inflammatory and Non-Inflammatory Ruptures of Ovarian Cysts*;" "*On Injections of Iodine into Ovarian Cysts*;" "*Nature of the Membrane expelled in Dysmenorrhœa*;" and "*Eruptions on the Intestinal Mucous Membrane*."

In Part II. we have short essays on the "*Duration of Human Pregnancy*;" "*On the Appearance of the Areola as a Sign of Pregnancy*;" "*The Influence of the Death of the Fœtus on its Retention or Expulsion*;" "*The Treatment of Hæmorrhage in connection with Abortion*;" and the "*Inhalation of Laudanum for the Vomiting of Pregnancy*."

Five hundred pages of this work are devoted to the discussion of various subjects connected with natural and morbid parturition. The most important articles are on "*Turning as a Substitute for Craniotomy and the Long Forceps*," and on "*Placenta Prævia*." We propose to examine these subjects somewhat at length in a subsequent number of this Journal. It is hardly necessary for us to add, that we regard this book as the most valuable work on obstetric medicine which has been published for many years. We ought also to express our thanks to the American publishers, for bringing out the work in a style, as regards the typographical appearance, paper and binding, very like and quite equal to the Edinburgh edition. B. F. B.

Principles of Comparative Physiology. By W. B. CARPENTER, M.D., &c., &c. 309 wood engravings. pp. 752. Blanchard & Lea. From John Wiley, N. Y.

A storehouse of knowledge, this is no less rich in that which interests those curious in the study of creative wonders. To the general

scholar it would richly repay the time spent in giving it a careful perusal, while to the professional it suggests many useful thoughts as principles of treatment of disease. Like comparative anatomy, comparative physiology brings many benefits, and that frequently, from unexpected sources. It is in the usual style of the publishers.

A Manual of Pathological Anatomy. By CARL ROKITANSKY, M.D., &c. Translated from the last German edition. Four volumes in two. Blanchard & Lea. From E. P. Rudd, 18 Ann-street, N. Y.

The name of the author is sufficient in an announcement of this book to preclude the necessity of any mention of its contents. Rokitsansky stands at the head of pathological anatomists, and his works take as high rank as himself. This translation, which has been made by Drs. Swaine, Sieveking, Moore, and Day, is the one authorized by the Sydenham Society, and is not only correct, but what does not always follow, is in good English. Pathological Anatomy lying at the foundation of all of the science of medicine, and of all intelligent treatment, this book, by one of its masters, is a necessity to every practitioner.

Clinical Lectures on Surgery. By M. NELATON. From Notes taken by Walter F. Atlee, M.D. J. B. Lippincott & Co. pp. 755.

This is a publication of Dr. Atlee's notes without, if we understand it, any revision by the lecturer. They therefore contain the excellencies and defects of such notes being doubtless correct statements of what was said, perhaps not always of what should have been said. The arrangement is to collect from the three years' notes under the same head, cases of similar pathological lesion, though sometimes a case is classified with others, for the reason uniquely given by the author, because "it was *not* one of them." The collection is an agreeable one to read, and properly used may be of great service to the practitioner. In its externals also it is to be approved.

Pronouncing Medical Lexicon. By C. H. CLEAVELAND, M.D. Longley & Brothers. pp. 302. 24mo.

The definitions of this little book are of course brief. Its peculiarities are that it gives the pronunciation of all the medical words included in it, and for this purpose the *phonetic* characters, as they are termed, are employed. Appended to it is a list of abbreviations and another of poisons and their antidotes. Its size is such as to allow it to be carried in the pocket.

Scenes in the Practice of a New York Surgeon. By E. H. DIXON, M.D. pp. 407. Dewitt & Davenport.

To any one who sees the Scalpel regularly there is no need of describing these papers, which are written in part by its editor, and in part by Drs. Dewees and Richmond. To others it would not be easy to describe them. There are eight illustrations in the popular style, in which poverty and misery are painted conspicuously, and which promise tales of "thrilling interest" concerning them.

PART IV.—CHRONICLE OF MEDICAL PROGRESS.

Mortality Statistics of the United States—How We Live and How We Die.

We have before us the "mortality statistics of the seventh census of the United States"—embracing the cause of death, the age and sex, the color and condition, the nativity, the season of disease, and the duration of illness of the persons reported to have died in the year previous to 1st June, 1850—a work of exceeding great value; as well from the variety of the information it contains as from the lucid manner in which that information is presented. Such works do quite as much honor to the country as to the census office which is intrusted with the duty of preparing them. It is not absolutely accurate of course. Many persons foolishly thwart the aim of the

Marshal, from private reasons of their own, by refusing to communicate the information required. Others are ignorant and forget. A few escape the notice of the public officer. But, even allowing for these causes of inaccuracy, this work throws more light on the paramount subjects of health and disease than any volume or set of volumes that have gone before it.

The public may be already aware that in 1850 the total population of the United States—white, free colored, and slave—was 23,191,876 ; that of these 2,244,648 were foreign born, and 17,742,915 white natives ; that nearly nine millions were over 5 and under 20, and nearly nine millions over 20 and under 50, leaving five millions and a half for infancy and old age ; that up to the age of 80, the males are in slight excess, but that after that age the females slightly preponderate ; that of the free white males, 1,596,265 are engaged in trades, manufactures, mechanic arts, and mining ; 2,400,583 in agriculture ; 190,329 in law, physic, divinity, and other callings requiring education ; and 28,613 in the civil and military service of the State. Most of these important statistics have already been made public.

From the mortality records we learn that the total deaths during the twelve months previous to 1st June, 1850, numbered 323,023, of whom 264,601 were whites. This is in round figures, nearly one and four-tenths per cent. on the total population, the lowest mortality, we venture to say, that has ever been recorded in any settled and civilized country. Foreign countries compare as follows :

<i>Country.</i>	<i>Annual Mortality.</i>
England.....	2.2
France	2.4
Prussia.....	2.7
Austria	3.1
Russia.....	3.5
United States.....	1.4

According to this table, if health can be measured by figures, the United States is nearly twice as healthy a country as England, France, or Prussia, and more than twice as healthy as Austria and Russia. Some allowance must be made, it is true, for omissions in these returns of ours, but similar omissions must exist in the European tables as well ; and, besides, in the table given above, the still-born are omitted altogether in the English, French, Prussian, and Austrian, but included in the Russian and United States returns. If

the comparative statements were placed on an equality in this respect, it would be found that the disproportion is really enormous.

The gross yearly increase of population in this country, in 1850, was set down at 4.4 in round numbers, from natural causes and immigration computed together. Deducting, therefore, the mortality—1.4—the net increase is about three per cent. per annum, at which rate the population doubles itself in some twenty-three years.

Passing to the examination of the cases of those 323,023 who died between 1st June, 1849, and 1st June, 1850, we find that nearly half of these—or 131,813, persons—died of what the report calls zymotic diseases—meaning thereby cholera, and the various classes of contagious fevers. The year 1849 was a cholera year in some parts of the country; 31,506 persons are returned as having died of it, one-third of whom were foreigners. Yellow fever was milder than usual, only 785 having died of it. Of the sporadic diseases, namely, those which cannot be suspected of being contagious, the most fatal class was diseases of the respiratory organs, to which cause 17 per cent. of the total deaths were due; consumption and pneumonia being the most fatal varieties of the genus. Diseases of the brain come next, with a relative mortality to the total of nearly eight per cent.; over half the deaths classed under this head were those of children who died of convulsions and similar accidents during teething. Nearly four per cent. of the total deaths were caused by dropsy; a singularly large mortality for such a disease. Out of the whole list only 9,027 died of old age.

The proportion of foreigners to natives in the mortality returns is as one to ten; in other words, ten per cent. of the dead were born abroad, half of this ten per cent in Ireland, and a quarter in Germany. But the returns of deaths from each particular disease show considerable variation in the proportion. Thirty-three per cent. of the deaths from cholera were of foreigners; but barely six per cent. of the persons who died from disease of the brain were born abroad, and barely six of those who died of diseases of the digestive organs. These variations are easily understood. In 1849–50 cholera was the scourge of the emigrant, whom it afflicted far more severely than the native citizen. Dyspepsia, on the contrary, is the peculiar disease of Americans, and usually spares foreigners; while brain diseases were naturally most felt among children who were natives.

Some curious fallacies are afloat with regard to the relative healthiness of the different seasons. Consumptive people dread the winter, and sigh for spring. Yet it appears that, on the whole, the winter

and fall are the most healthy and spring the most fatal seasons for them. The figures are :—

	<i>Deaths.</i>
Spring	18,299
Summer	12,791
Autumn	11,279
Winter	11,858

Cholera, as every one knows, confines its ravages to the summer ; out of its 31,506 victims, 18,243 died in that season. Dyspeptic patients (to use the word in the common, and not the scientific sense,) generally die in autumn and summer, but especially in autumn; in winter they appear comparatively safe. Like consumptive persons, old people, in the second childhood, should fear the spring ; it is the fatal season for them.

It is not easy to get at the occupations of the persons who died, in order to compare the various callings in point of healthiness. This result can only be obtained when our statistics are far more complete. Thus we find, according to the table, that more persons died, proportionately, among those engaged in agriculture than among those engaged in trade and mechanical arts, which, of course, is an absurdity. The error arises from the farmers telling the truth about their dead, while the city folk concealed theirs. The only fact stated in the table that is worth noticing is the vast disproportion between the deaths of old age in the city and the country, the former being hardly one-fourth of the latter.

In comparing the mortality in the various States, we find that New York, with a population of over 3,000,000, registered 45,600 deaths in a year, being at the rate of 1.5 per cent. which may be assumed as the mortality of the whole Union. In Massachusetts the mortality nearly reaches 2 per cent. of the population. Ohio is even healthier than New York, the mortality being only 1.4 per cent.; in Illinois it is the same ; in Indiana only 1.2 per cent. In the South the mortality is about the same. The per centage in Louisiana is 2.3 ; but that of South Carolina and Mississippi is only 1.2 ; and Alabama, Florida, and Georgia are set down—erroneously, no doubt—at 1.1. The real mortality is obviously much larger : two per cent. would probably be a fair estimate for the whole territory south of the South Carolina line : and something like 1.5 for the North-western States.—*N. Y. Herald.*

Foreign Correspondence.

BERLIN, Sept. 1, 1855.

MESSRS. EDITORS :—To one who is pleased with exhibitions of stirring surgical skill, a visit to the private hospital of Dr. Graefe is full of interest. Dr. Graefe is without doubt the most promising physician in Europe, although his reputation is not so widely extended as that of a few older men. Although but twenty-eight years of age, I suppose that he has not his superior as an oculist, and perhaps not his equal. He is consulted by numbers from all parts of the continent, and private students come from every division of the world to view his skill and to receive instruction from him. Here are physicians from Russia, Greece, Denmark, Norway, Brazil, and the United States. I have had many opportunities to see him, at his house and at his hospital, and have always found from ten to fifty patients waiting. The instrument with which his name has often been associated as the inventor (the ophthalmoscope), although he disclaims the honor, and the books which he publishes annually, containing elaborate articles on ophthalmic science, have attracted the attention of physicians to him, while the sad fate of his father, who died from chagrin at being unable to operate successfully on the eyes of the King of Hanover, has enlisted in the reputation of the son, the feelings of those who are not influenced by professional sympathy. But his manner is so peculiar that I must describe it somewhat fully. Before being introduced to him, I was accustomed to attend his public clinic, in order to see the numerous interesting cases there presented for treatment or operation. The room was crowded with patients, seated on desks like those of a school, in order to accommodate a number. There must have been a hundred present. At the moment appointed for the commencement of the clinic, the door opened, and a lightly-built man, of genteel form and moderate height, entered. All rose, and he hurried across the room into his operating apartment, seated himself in his chair, and had commenced the investigation of a case, in less time than I have spent in noticing his entrance. All around him were his students. Four or five assistants were seated by his table, recording his prescriptions, handing instruments, arranging his glasses, or writing his orders to opticians. Not a quarter of a minute elapsed between the several cases, and yet in his private clinic I have known him to spend an hour in speaking of some interesting anomaly in the physiology of the eye. He is the most

active man I have ever seen ; he seems but nerve and brain ; when he speaks, it is with such rapidity that Germans can hardly understand him, and it makes but little difference whether his conversation is in German, French or English. The quickness with which he performs the most delicate operations upon the eye is startling to one who is not full of confidence, and yet his success is unsurpassed.

The excessive nervousness which Dr Graefe exhibits is not that of a man who cannot control himself ; for in the midst of strange confusion he never is disturbed. Indeed he brought up more vividly than any man I have ever seen that old picture of Julius Cæsar writing a letter with his own hand, and at the same time dictating a dispatch to his secretary, and listening to the story of a bystander. With three or four children crying at once, nurses singing, and mothers caressing, Dr. Graefe is able to do what few physicians have the courage to attempt, even under the most favorable circumstances. I can give the best notion of the amount of his practice, when I say that during one semester of the university (about four months) he operated eighty times for artificial pupil. Cases of this sort are rare, and your readers will appreciate how extensive and interesting his entire practice must be.

I must not drop my picture of this eminent man, without mentioning one other trait in his character. Though left in the most affluent circumstances, and enjoying an unlimited practice, the love he bears to his specialty is his great stimulant to action, His health is already fast sinking under his incessant studies and toil, and a few years more will probably terminate his illustrious career.

Dr. Graefe's hospital is capable of accommodating about one hundred patients, and almost every spare room in the immediate vicinity is filled by them. He has usually about eight assistant physicians. His public clinic is opened daily to all classes of the community, and he receives a compensation from the government for his services to the poor. His liberality and kindness are in the mouths of all, and the poorest laborer can have the advantage of his advice. Besides his public lectures delivered at the University upon the diseases of the eye, he gives, in conjunction with his assistants, a private course upon the physiology of vision, another upon the use of the ophthalmoscope, one upon the microscopic characters of the tissues comprising the organ of sight, a private course of clinical lectures, a public clinic for the higher classes, and visits private patients among the nobility.

His pen is also never idle. He has assumed the labor of editing the *Yearly Annals of Ophthalmic Science*, and a noble work it is.

He is continually improving the character and variety of instruments used in surgical operations upon the eye, and his instrument maker always attends his clinics, in order to gain hints by observation.

Altogether, the reputation which Berlin enjoys, as the best school for the class of diseases of which I have been speaking, is owing as much to the labors of this accomplished and assiduous physician, as to the almost numberless infirmaries, scattered through the city.

PARIS, Oct. 1st, 1855.

MESSRS. EDITORS :—I trust your readers will not expect from me, at present, anything in regard to the hospitals or medical facilities of this great centre of the profession. Were it the season to study these, the great attraction of the place would prevent any thoroughness in the investigation. My limited stay here has been thus far devoted almost exclusively to the Grand Exhibition. I shall try to give you a little of those points connected with it which are interesting in a *medical* point of view. The industrial departments seem hardly to claim a place in a Journal devoted more properly to other topics. I am inclined to think that our profession is as well represented as any other, though it cannot of course present so imposing an appearance as that of many. So far, however, as mechanical ingenuity can be brought to bear upon the advancement of medicine and surgery, or chemistry aid the pharmacist in the preparation of the materia medica, or the hygienic condition of a community be improved by physical means, is shown at the present Exhibition.

Of the whole number of Exposants in this, as in all other departments, by far the largest number belong to the French Empire ; more indeed than all the Foreign States which are represented. To be sure the effect of this has been to give to France a place far beyond any other country, or all others, in the extent, variety and perfection of the articles exposed. Yet the Exhibition is, as a whole, much the gainer by it. Indeed, it is appropriate that France should take the lead in this respect. She certainly dictates to the whole world in most matters pertaining to our profession. What she does not do, others cannot, as she has every facility to send her articles to the capital, or present to view the innumerable objects of interest which the chemists, instrument makers, anatomists, microscopists and hygienists of Paris itself possess.

Next to France, the Empire of Austria and the Kingdoms of Prussia and Bavaria are entitled to mention. Their collections, though

not large, are of the highest order of merit. Great Britain has done well, but not nearly well enough. Switzerland, Denmark, Belgium, Spain, and Holland, stand next. The collection of mineral waters from Greece is very fine. Mexico has sent one article alone worth noting—an apparatus designed to prevent epileptics from bruising their teeth. I have looked in vain for those splendid casts and anatomical preparations which I had expected to find in the department devoted to Tuscany. Florence has long furnished our best collections with them, and though Paris and Pavia are now robbing her of her fame in this particular, her preëminence is not yet lost.

I am sorry that the United States make so meagre a display. We have neither cutlery, surgical apparatus, nor medicinal preparations to stand in the Exhibition alongside of the same classes of European manufactures. It would seem that in no department are we so much indebted to the old world. While the medical literature of our country now boasts of names almost as distinguished as any; and while many of our surgeons and physicians have a world wide reputation, European institutions have been the instruments, and European scholars have furnished the material for study. Our anatomical cabinets are altogether imperfect without preparations made abroad; our chemical laboratories are but copies of those on the continent. Every thing relating to pharmacy is in a crude state with us. With the exception of some articles made of caoutchouc, such as those which the New England physician sees at Mr. Codman's depôt in Boston, and some elegant specimens of dentistry, Mr. Thomson's life seat, a life-boat, and a few others, we have in reality nothing.

Among the articles in the French department, I have noted many worth mentioning. There are apparatus for the perfect ventilation of houses, ships, and mines, filters, safety lamps, machines for sweeping away snow or mud, apparatus to preserve miners from deleterious gases, orthopedic apparatus, inodorous cabinets, mineral waters, preserved fruits, concentrated drugs, rare extracts and oils, chemical products, medicinal chocolates and nicely prepared faranaceous powders, machines for pill making and for spreading plasters, new remedies, gum elastic articles, and every variety of bathing machines, from a foot basin to a shower bath containing half a barrel.

Then there are ambulances for the transportation of the sick in armies, models of hospitals, every species of surgical and dental apparatus, artificial legs and arms, bandages, splints, artificial teeth, hernial contrivances, Auzoux's and other anatomical preparations in plaster and in wax, portable stalls for the use of veterinary surgeons,

apparatus for the reduction of fractures and their subsequent treatment, couches and beds for the sick, birds and animals injected with antiseptic compounds, Lefevre and Revil's heads of animals, groups empailed, artificial eggs, fishes and crustacea, and finally Burgoyne's microscopical preparations. In regard to these I am glad to acknowledge that I have seen few collections here which excel the set of dental sections exhibited by Dr. Durkee at the New York Palace.

The whole of this long list, which I have taken in a mass from my notes, though not strictly medical throughout, embraces but few articles which are not designed to add to the well being of the community in a physiological point of view.

In the Austrian department, I remember particularly a very fine collection of orthopedic apparatus, a most admirable and beautiful operating chair, electro magnetic machines for the physician's use, craniometers, syringes for mercurial injections of the lymphatics, Dr. Angel Mæstro's (Pavia) wax preparations, representing, in large dimensions, the natural history of embryology, and also the respiratory organs of animals.

From Bavaria, I found Dr. Zeiller's (Munich) casts of the races of men, busts of Australians, dissected casts of the eye and ear, female pelvis, and manikins for the student of obstetricy; from Spain, pharmaceutical preparations; Holland has sent some fine eye specula and ophthalmoscopes, also some good wax, gelatine and plaster casts; the Kingdom of Great Britain, among other things, a machine for cleaning gutters, concentrated medicines, contrivances for estimating the capacity of the lungs and for the inhalation of ether and chloroform, also surgical and electro-magnetic apparatus.

Among the articles sent by Prussia, are some very fine obstetric forceps and surgical instruments, though the French steel work is generally admitted to be superior to that of Germany. There were some very interesting casts, in the department devoted to Norway, of ancient leprosy.

But I see that I am transgressing. I trust that the readers of this letter will consider the impossibility of doing justice in a description to what possesses an interest only when presented to the eye.

N. E. GAGE.

Cogitations and Vaticinations. By AN OLD FOGY.

In these latter days of Young Americanism, Young Irelandism, and Young Physic, all who revere the past in art, science, and religion—who cannot accept in their full extent all the daring speculations and hasty conclusions of the self-styled men of progress—who believe that Jesus Christ was a greater personage than Andrew Jackson Davis—who contend that Plato, and Aristotle, and Lord Bacon, were at least equal to Swedenborg and Judge Edmonds—who look upon Hippocrates, and Galen, and Sydenham, and Rush as greater philosophers than Lebert and Robin—who regard brains as of more importance than the microscope—who think that there are other ways of employing time equally as profitable as in counting the number of stigmata on an insect's back, or measuring the length of a flea's hind leg—who regard the mighty thoughts of great men as of more importance than the *microscopic* additions to science effected by modern plodders—who possess a degree of modern skepticism that cannot swallow conviction in lump and gain remote conclusions at a jump—who believe that men knew that blood is blood before the microscope revealed its corpuscles—that tubercle is tubercle before its appearances under the microscope were familiar to observers—that yellow fever was as truly diagnosticated before as since the detection of sarcini in the black vomit—all such men are now-a-days called Old Fogies. I am an Old Fogy. I believe that our ancestors, our fathers, knew something. I believe that a great deal of what is called progress, is nothing but gyration, resembling the progress of the dog that follows his own tail. I doubt very much that we treat disease much better than did Boerhaave and Sydenham. I do not deny that some advances have been made in the details of science within the last hundred years. I would not underrate them; but I do not wish to overrate them. What discovery of the last twenty years can rank with that of the power of vaccination in preventing small pox, or of the circulation of the blood? None, not even chloroform. Chemistry, so far as it bears on the nature and treatment of disease, is yet in its infancy. That it will effect a great deal, I verily believe; that, as yet, it has not done a great deal, may be safely asserted. The Old Fogy knows enough to hope for more; but he is not blind enough to believe that the consummation of science is close at hand. He believes that ages will be required to effect what the ardent *Know Nothing* thinks already effected. Old

men *know* what fools young men are, whilst these latter *think* old men fools. Let us estimate briefly and honestly what the microscope has done for science. I do not deny that it has done a great deal for science in general. It has enabled men to see and classify beings too small to be observed by unaided vision. It may be said that it has revealed the elementary structure of animal and vegetable tissues. I do not deny the value of the microscope in science ; but curious and interesting as this instrument may be, it cannot do everything. It would be doing it a serious injury to over-praise it. Physicians cannot restore life to the dead by microscopic examination. They cannot tell, by looking through the microscope, whether a given substance is poisonous or edible ; they cannot tell, by microscopic examination, a very great deal about the diagnosis of disease. I do not say that nothing can be learned in this way—I wish more could be learned—but the fact is that the microscope is, as yet, at least of no great utility in diagnosis. It is true that we can detect the different salts of the urine by their peculiar crystals, and certain vegetable fungi in some diseases of the skin ; we can find vibriones and sarcini in the ejecta of certain diseases ; but in the diagnosis of disease, in the proper sense of the term, the microscope is of secondary utility, to say the most of it. It has been said of late years that pathological products, as tubercle, cancer, &c., are distinguishable by the microscope, and that this instrument is the only infallible means of determining whether or not a given morbid product is cancerous. It has been contended that there is one form of cell in tubercle, another in cancer, another in epithelioma, and so on ; in a word, that every growth and deposit had its proper and peculiar microscopic characteristics, by which it may be always distinguished from every other tumor or deposit. All that you had to do in order to know the nature and name of any morbid product with which you might meet, was to send it to a microscopist, and you would learn by the return mail. If you saw tubercles in the lung, you were not to believe it really tubercle until it had the imprimatur of some microscopist. If you saw a cancer or malignant tumor, you were not to believe it malignant (though it might have killed the patient) until the nucleated cell was found in it. If you extirpated the most benign growth, you were required to quake in your shoes until the far-seeing and solemn micrograph announced the fact that the nucleated or nucleolated cell was absent. Wo to the patient ! no odds, how mild and benign the disease, if it contained the fatal cell ; his fate was sealed. The micrograph will tell you that hygieia and all the demigods and

doctors cannot prevent the return and fatal termination of the disease. To be sure, and it is consoling, he will admit that the disease may delay its return ten, fifteen, fifty, and perhaps a hundred years, or something amounting to this. Oh, no! The Andrals, the Velpeaus, the Broussais, did not even know what to call the tumor they met with. The pathological products they encountered, until they called on Lebert or a Robin! The internes got ahead of their masters by the aid of a philosophical toy; all previous observation was null and void and useless in disease, because the diagnosis had not been verified by the microscope; the classification and nomenclature of ages were to be thrown overboard to give place to the crude ideas of a few Red Republicans in science. Now, what I mean to assert is this, that the microscope is of mighty little use in the diagnosis of disease generally, and of morbid products in particular. By means of the microscope we may find sarcini in *black vomit*, but we have diagnosticated the *black vomit* before we discovered the sarcini. We may find disintegrated cells in tubercle, but we know the product to be tubercle as well before as after this discovery. We may find the nucleated cell in cancer or malignant tumor; but we already knew by other signs that the tumor was malignant, and neither the presence nor the absence of the cell would change the diagnosis, prognosis, or treatment of the case. But can we not learn much about the ultimate structure of morbid products by means of the microscope! Certainly. There is no other way of learning the appearance of microscopic objects than by the microscope; but what I mean to say is, that the knowledge thus acquired is of no great use in diagnosis. The chemists might ask with some show of reason—and the chemists had their day of self-conceit as well as the microscopists—the chemists might ask how can you diagnosticate these morbid products, these pathological epigenesis, these *neue Bildungen*, these pseudo-plasmata, without knowing the kind and proportion of the elements constituting them! Certainly these ultimate elements can be revealed only by chemical analysis; but, as in the case of the microscope, the crucible throws no great light on the *morbid nature* of these products.

Disease is but a variation from health. It is classified, and estimated and diagnosticated by its symptoms and signs, its march and its termination. It consists of every variety of shade and degree, from the slight malaise to the torturing spasm, from the scarcely appreciable change in a part to the sloughing carbuncle or cancer. It is complicated in kind, and ever-varying in degree. Its mutations of

quantity and quality defy the scaffoldings and arbitrary sections and divisions of system-makers and nosological closet-dreamers. To-day it is slight, to-morrow it is grave. This week it has an effused, but not yet organized plasma; next week it has cells, the week following fibres; this month its products are organized, next month they are disintegrated and form an amorphous mass. Disease is a greater or less change in the organization. It is now a new organization out of different material; it is the normal, the physiological material changed in quality, changed in the time or place of its appearance. Diseases are not entities as some of the microscopic gentry seem to suppose; they are but variations of one entity. Now, if diseases were entities, were things separate from the system which get into the system and there grow and congregate—if diseases were material objects like minerals, plants, and animals—then they might be diagnosed by the microscope. In fact, they could be diagnosed in no other way, if they were too small to be seen with the naked eye, or by the aid of a pair of spectacles. We distinguish a *navicula attenuata* from the cornea of a fly's eye in no time by the microscope; so we could diseases, if they were entities as different from each other as the objects above mentioned. I, for one, had thought and hoped that these old exploded ontological notions were safely entombed in the sepulchre of all the defunct theories. I had no idea that they would be revived and re-discovered by men who pretend to progress and to be wiser than their fathers. As, however, the microscope is now in vogue, and as its claims are based upon these old-fashioned country notions of entities, ontology must be galvanized into a sort of half existence to stagger a brief hour on the stage, and then go down to the second death to which common sense and a moderate degree of medical knowledge will doom it. Talk about a certain cell being always present in tubercle, a certain other cell being always present in cancer, a certain other cell being always present in epithelioma, a specific cell for warts and corns, and another for chancres, a certain fibre characterizing a particular tumor *ab initio ad finem*, and of the unalterability, the fixity of these things. My dear microscopic friend, this is all false; this is no better pathology than that of the countryman of whom Watson speaks in his "Practice of Medicine." The countryman, speaking of the ague, said that he had never seen it but once, and then it was vomited up by a friend of his, and that it looked like the white of an egg or a piece of jelly. The countryman, you see, was an ontologist. Lay aside your microscope and reason awhile, my ardent friend; put

forth the power of your mental eyes before you put out your physical ones, and you will see that all these pathological products termed separate diseases are made of the same material, of the same cells ; that the amorphous blastema is changed into the granule, the sac, the nucleated cell ; that the cell is changed into fibres, and so on ; and how far the organizing process may proceed, will depend on a variety of circumstances. All these forms of organization may occur wherever the fluid plasma is effused in tubercle and other deposits as well as in tumors, in the mild as well as the malignant. Do not throw away your microscope, my friend ; do not underrate it ; but do not so overrate it as to bring it into the disrepute which awaits all overrated things.

Thus we may reason *a priori* ; but what are the direct facts as to the utility of the microscope in the diagnosis, say of tumors for example ? Why, the facts show that the microscope is just about of no service at all. Velpeau sent tumors of the most malignant kind to the best microscopists of Paris, and no so-called cancer cell was to be found in them. That these were cancers, (using the term *cancer* in the sense of *malignant tumor*,) was clear from their appearance, the state of constitution in which they occurred from their recurrence, and finally from the circumstance of their fatal effects on the system. Velpeau sent also to these micrographs benign tumors in which they did find the so-called cancer cell. This happened not in one or two cases only, but in many ; so that it has been clearly established by direct observation that cancers may not have the so-called cancer cells, and that non-cancerous tumors may have them ; so that the conclusion is irresistible that the cell is not diagnostic of cancer. This is irrefutably shown by the recent debates on the subject in the Academy of Medicine in Paris.

And is it, then, the general opinion of pathologists who are adepts in the use of the microscope, that there is a specific cancer cell, a specific tubercle cell, and so forth ? No ! by no sort of means. The vast majority believe no such thing ; the most distinguished micrographs teach the contrary doctrine. Amongst these may be mentioned Virchow, Vogel, Gluge, Burnett, Paget and Mandel. I know of no microscopist, worthy of the name, who contends for the specific cell, except Lebert, Broca and Robin. Mandel says that there are cellular cancers, epithelial cancers, and fibrous cancers. The notion that the various tumors and deposits are distinct species, is, as I have already said, founded on that false doctrine that diseases are entities as distinct and classifiable as animals and vegetables. It is founded

not on physiological and pathological knowledge, but the want of it. There can be no such thing as species in the deposits and tumors, for they are all the same in origin ; the same plasma is the fountain source of the whole of them ; they shade off into each other ; they change from day to day, and from month to month. Physiology and pathology are the lamps by which the physician and surgeon are to be guided in the diagnosis and treatment of disease ; and I confidently predict that, in the presence of these increasing lights, the fond theory of specific cells will vanish with the darkness in which it was engendered.—*St. Louis Medical Journal*.

Diseases of the Knee-Joint ; Foreign Bodies in the Bronchi ; and Fractures in Children. By WILLIAM LAWRENCE, Esq., F.R.S., Lecturer on Surgery in St. Bartholomew's Hospital.

GENTLEMEN :—I have got for your inspection the knee-joint of the boy upon whom amputatation was performed on Saturday. The case is that of James ——, aged thirteen years, a strong boy, who was admitted on the 4th of October, with disease of the left knee. There was general enlargement of the joint ; it was bent at a right angle ; the patella was movable ; fluctuation was felt under the joint, and an abscess distended the joint backwards and outwards ; two or three sinuses were discharging freely ; the boy was free from pain, but there was slight tenderness below the patella. Thirteen months ago the knee began to swell, and became slightly painful ; there was no attributable cause for this, and he was under the care of a surgeon for some time, and was also treated in this hospital, where he got better. He subsequently went to Margate, and all along never suffered much pain. The history, as now detailed, would lead one to expect the case to be scrofulous disease of the knee-joint : there is an absence of pain, and the disease has commenced in the bones. From the inflammation occurring without pain, and the absence of other acute symptoms, the disease takes the name of white swelling, commencing in the articular heads of the tibia, and condyles of the femur, without any external redness ; the boy cannot be said to have suffered much in health. On examining the dissected joint, we find the internal condyle is closely united to the internal part of the head of the tibia, so there is no cavity there ; the external head of the tibia is inflamed, reddened and thickened ; the synovial membrane of the

joint is thickened, pulpy, and reddened ; and the surrounding parts of the joint may be said to be diseased. It was looked upon upward of a year ago, as a case of synovitia. The articular cartilage of the patella is entirely gone.* The bones are usually found much softened in these cases, as you may perceive how the knee goes completely through the bone,—a condition very different from its healthy state. A singular circumstance here shows itself, that we were not aware of ; it is a recent fracture of the femur, one or two inches above the joint ; it cannot have been of long duration, as there is very little progress made at the process of repair ; the periosteum is partially separated with recent effusion of blood. This was quite unknown before the examination of the limb after amputation, and it must have happened without the boy's friends being aware of it ; the section through the bone shows it very well. This fracture cannot be of long duration, because the age at which this patient was, allows of union in a short time. Two years ago I had an opportunity of seeing a fracture of the femur in a child who died on the thirtieth day after the accident, a week before that, the fracture was sufficiently united to permit of the child's moving about, as it appeared to be consolidated,—as firm, in fact, as any other part of the bone ; perfect union had occurred in about three weeks.

Here nothing was to be done but to remove the limb ; possibly with care a cure might have been accomplished by ankylosis, with the limb bent at an angle,—an affair of a long time. The child's health was not much affected. The patient's friends wanted the limb off, and my colleagues and myself were in favor of amputation. In performing the operation, there was a healthy state of the soft parts in the ham, and sufficient material was obtained in the posterior flap for a soft cushion. The incision for this went through an abscess, and a portion of this was in the anterior flap ; and I thought it best to remove it by slicing it off, so as to remove the pyogenic membrane, as it is called now-a-days,—the membrane that secretes the pus ; the integuments were then brought together by stitches and adhesive plaster. To-day the child is going on well.

I have here the narrative of a case of a child, still in the hospital, who swallowed a damson-stone, which became lodged in the bronchus, and which fortunately escaped out of the trachea afterwards. He came in with urgent symptoms of suffocation from this cause, but is now out of danger, and is restored to health, owing to the decision

* There is a vascular projection from its surface, which might, under favorable circumstances, in apposition with the bones, lead to ankylosis.

of Mr. Morris, my house-surgeon, who performed the operation of tracheotomy, and has conducted the case with great judgment and care, as he does all his cases. This boy, Henry Stevens, aged five years, is in Queen's ward ; the case is reported as one of a lad with a plum-stone in the left bronchus, tracheotomy, and recovery by ejection of the stone. The stone was not taken out at the time of the operation ; no doubt it was firmly fixed in the bronchus. The Report states : " On September 23d he swallowed a new, ordinary-sized plum or damson-stone. On the 24th, having had his breakfast, he was instantly seized with a violent paroxysm of coughing, with symptoms of asphyxia." Mr. Morris found the child livid, and struggling violently ; he lost no time, and immediately performed tracheotomy ; the face recovered its fulness. There was intensity of breathing on the right side of the chest ; none at all on the left. The operation was done at 8-45, A. M. At noon the canula was removed, and the opening was allowed to remain free by sutures. No breathing was present in the left side of the chest ; it was quiet, whilst the right moved naturally, from respiration, which was satisfactory, so far, considering all things. He had taken some beef tea. At 1.30 a violent paroxysm of coughing came on, which ejected the foreign body, which proved to be a plum-stone, through the opening in the trachea. On the 25th the child was feverish. On auscultation small sibslant ronchi were heard in the upper part of the left side of the chest anteriorly. Ordered ten minims of antimonial wine every four hours.

26th.—Pulse full ; tongue less furred ; bowels open ; skin warm and perspiring ; face congested ; breathing composed, with some slight ronchi.

27th.—Much better in many respects. Now (October 8th) the opening is not yet closed in the trachea ; it will do so in the natural way.

If you compare the size of this stone with the rima glottidis in a child five years of age, you will find it to be very much longer. It is a difficult matter to get it in ; the way it does get in is during inspiration, by the whole weight of the atmosphere pushing it in. Now how does it get out ? The effort at inspiration loosening it, it can easily pass out of the larger opening in the trachea. There is a disposition for foreign bodies to enter the right bronchus, because it goes on straight in what appears to be a continuation of the trachea ; but here it happened to be in the left. The left is larger than the right, more suddenly turns off, and passes under the arch of the

aorta. What was done here,—making an opening into the trachea, and keeping the case quiet, was what was just proper : by no means should an effort be made to dislodge the foreign body. Some years ago I saw a boy suffering from an attack of difficult breathing, from swallowing a small nail, which was supposed to be in his trachea : sometimes he breathed quite easily, at other times he had attacks of most difficult breathing. On considering all things, I thought it better not to make an opening into the trachea, because the foreign body might be expectorated without. Some weeks after, a violent attack of coughing came on, and ejected a small tack through the glottis, and the child got well.

There was a remarkable case of a foreign body getting in the trachea, which occurred several years ago, because it attracted some notice. A gentleman was playing with his children with a half-sovereign, which by some accident entered the trachea. He had no dangerous symptoms, but an opening was made into the trachea, and the foreign body was not removed ; it was clear, however, it was in the trachea, and there remained. He was a person of a very mechanical turn of mind, and, in fact, a great engineer ; he determined to turn himself quite upside down, to see if the coin would roll out. An inclined plane was made, to raise him up gradually ; and on doing this, luckily out rolled the half-sovereign from his mouth. This is a hint that may be worth remembering ; at all events, it may be worth trying. He got off better than another patient, a publican, who swallowed a sixpence. In consultation with Sir Astley Cooper, I saw him ; he had severe attacks of difficult breathing, and I made an opening into his trachea : a probe passed upward produced violent irritation, downwards not so much ; no foreign body could be found. The wound nearly healed up. His friends were aware the mischief was not removed ; they therefore called in the late Mr. Aston Key. He concluded the sixpence had gone into the right bronchus ; had forceps made for introducing and getting it out ; he did not get the sixpence, but the patient died from bleeding ; and on the post-mortem the sixpence, as was conjectured, was found in the right bronchus.

There have been two cases of fracture of the thigh in infants in this hospital, which will throw some light on the prognosis, and also on the treatment, as to which is the most advantageous. Parents are extremely anxious in these cases, and think peculiar difficulties and danger are likely to occur in setting them, more so than those advanced in years. The present cases show that that view of danger is by no means a correct one.

Applying bandages and splints in these young subjects is objection-

able, if it can be avoided, particularly from their becoming sodden with urine, and thus producing irritation. The first case is Emma Walker, aged two years, brought into the hospital on the 24th of August, run over by a cab, fracturing both thigh bones, the right at its middle, with displacement and bruising of the soft parts, and the left about the same situation without displacement, and no bruising. She was placed on her back in bed, with the legs raised on a pillow, and gently fastened together. On the 25th she had a rather restless night, but is quieter now ; the left thigh is in a good position, but the right is much displaced. The child was now put on her side with one thigh over the other, with some cotton-wool between both, and kept together by a roller. She remained this way a fortnight, when she began to move her left leg. Changing the little patient daily, and dusting the parts with flour, prevented anything occurring. In three weeks she was much better, and in four she was put on the floor, and could walk with assistance ; and in a few days more she got quite cured. No splints nor bandages were employed, but she got quite well at as little inconvenience as could be expected. A splint might sometimes be put on one thigh, but it is different when both bones are fractured. Now, I have frequently observed that children will keep the limb very quiet as long as it is in a state to produce pain, and if the limb is supported on a pillow, so as to keep it quiet and easy, it will remain so. As soon as the child herself begins to move, three cannot be any danger in allowing this movement. This child would have been exposed to great discomfort if splints and bandages had been used, which would have retarded the union of the bones ; but otherwise, she got well without any trouble or inconvenience.

About this time an infant thirteen months old was admitted (August 27th)—rather a weakly child, of mixed blood, of the East India race, not a mulatto, who, falling off a bed on to the floor, fractured the right femur about its middle, but with no displacement. She was placed on the affected side, and a cradle over her. She went on well for two weeks, when she had a troublesome cough ; she began to move her limb about ; the fracture had united, but not firmly ; in a few days after it did, and she was discharged on the 21st September, quite cured.

These cases were in a great measure indebted, as in the tracheotomy case, to the judicious care of Mr. Morris, the house-surgeon. People think generally that the process of setting is a thing of great pain ; so they are probably disappointed when they find it is such an easy matter, and not attended with suffering to the patient.—*London Medical Circular.*

Cornin in Intermitents. By E. P. CHRISTIAN, M. D.

It has long been a desideratum, and consequently much enquiry and experiment have been prosecuted for that object, to obtain an indigenous remedy, offering a cheap, safe, and efficacious substitute for quinine, as a tonic and antiperiodic. This desideratum arising not from any decrease of confidence in the specific virtues of quinine, nor from well-grounded fears of ulterior injurious effects, resulting from its use ; nor indeed from a more vague though laudable scientific curiosity ; but for a more practical object—from the high price of quinine, which also creates great temptation to adulteration, and from the extent of its use rendering it often unattainable in many localities. It is also quite probable that quinine presents no exception to the general law, that a tolerance is acquired by long use, and that in such cases, much larger doses would be required, than of a different remedy, with even weaker powers. In miasmatic districts such cases abound, and are those likely to be speedily cured by indigenous plants. But this is not the only class of cases favorable for the trial of “new remedies.” In some recent cases also of mild intermittent, where no perceptible organic changes have resulted, or where the disease has not been confirmed by habit, nature often needs the aid of but a weak ally, to restore the body again to a healthy *status*.

Of the great number of indigenous plants which have been used as substitutes for quinine, possessing various degrees of efficacy by their tonic or alterative properties ; the *Cornus Florida* (vulgo dogwood) appears to have been assigned the pre-eminence, and to have merited the greatest amount of confidence as an antiperiodic. Prior to the separation of the alkaloid quinine from Peruvian bark, the bark of the *Cornus Florida* was commonly used in intermitents, &c., but after the discovery of this alkaloid, its superior efficacy pretty much drove the former out of use, except in domestic practice, or in localities where the latter was unattainable. According to Eberle, thirty-five grains of the bark of the *Cornus Florida* are about equal to thirty of *Cinchona*, showing no great disproportionate powers. Dr. John M. Walker says that the bark of this tree differs very little in chemical composition from the Peruvian bark, and that, in their operation on the system, these two articles possess a close resemblance. Its sensible properties, too, are very similar to those of *Cinchona* ; according to the same authority, it has a bitter, astringent, and

slightly aromatic taste. Its astringency is, however, stronger than that of Peruvian bark. Dr. Walker's analysis obtained only gum, resin, tannin, gallic acid, and extractive matter. Subsequently, Dr. Carpenter announced the discovery of a peculiar bitter principle in it, which he called cornine, but does not appear to have obtained it in sufficient quantity to test its therapeutic efficacy. More lately a resinoid, so called, has been obtained from it at the American Chemical Institute of New York, called cornin, which possesses in an eminent degree the remedial powers of the bark. Whether it contains an alkaloid of still greater efficacy has not yet been determined. But from the analagous composition of other plants of the same therapeutic nature, for instance, the *Hydrastis Canadensis*, an excellent tonic and antiperiodic, which affords both a resinoid and alkaloid, (the hydrastin and hydastine,) from the similarity of this latter to quinine, both in chemical composition and in therapeutic effects, and from the similarity in chemical composition and therapeutic effects between the bark of the *Cornus Florida* and the *Cinchona*, we may hope that such a principle may yet be eliminated. The cornin prepared by the American Chemical Institute, they assert, is as reliable as two-thirds of the quinine of the shops. However, they do not accredit to it equal powers with the hydrastine, concerning which they use this eulogistic and extravagant language, "that this agent as an antiperiodic tonic is without an equal in the materia medica, if we except sulphate of quinia." Our own experience has led us to an entirely different opinion, that, as an antiperiodic tonic this medicine is superior to hydrastine, and is excelled only by quinine, and by no indigenous remedies so far as we have tried. We think that in a great number of cases of ordinary intermittents, it will prove equally as efficacious as quinine; in a smaller number, perhaps more so; that but very few cases will fail to yield to it, with somewhat more persevering use than would be required with quinine, and that it will be admissible, whenever quinine will be tolerated, requiring, however, much larger doses to produce the same effects. It has been prescribed in from five to twenty grs. doses, the patient generally taking from a quarter to half a drachm between the paroxysms. It has, however, been administered in all stages and given during the height of the fever, has manifested decided febrifuge powers with little nausea. To say that we have not known it to fail would be an extravagant negation of facts, but this we have observed, that the comparatively few cases which have resisted the cornin treatment, have almost universally proved obstinate under quinine, and the failure of

the cornin has apparently been due to some complications of the disease, some internal seat of irritation exciting the paroxysms, and which has required appropriate treatment. Neither has it, in intermittent neuralgia, proved very successful; although an improvement took place, in a mitigation of the pain, it was not sufficient to break it. This, however, was only a single trial. In regard to its sensible effects, we have not observed that it is more apt to nauseate or induce headache than quinine, nor have we observed the ringing sensation in the ears produced by quinine and hydrastine.

This opinion of its merits is founded upon a systematic observation of a very large number of cases, through several consecutive months, under the cure of Dr. Pitcher, at St. Mary's Hospital.

In the course of these observations, in a number of cases, the following unusual order has been developed in the progress of cure; occurring at first after the use of cornin, but subsequently observed also after quinine. In cases without decided rigors, but with irregularly occurring chills, succeeded by moderate febrile action, the rigors have at once become fully developed, with high febrile reaction and with the whole order of a regular ague paroxysm, after the administering of the antiperiodic in a full dose, apparently inducing a severer form, but in reality, quite the contrary—for at this time has occurred the first distinct intermission, whereas previously the paroxysms had followed each other so closely as to present a continuous form. With the continuance of the antiperiodic, the disease has speedily yielded, showing conclusively that the development of the rigors has been the induction of a milder form. It is manifest how the observance of similar phenomena, differently interpreted, might be construed into a confirmation of the Hahnemanic law of *similia similibus*, &c.

We will conclude with detailing a few cases illustrative of some of the foregoing remarks:

CASE I.—Wm. H. entered the hospital, May 28th, with an ague of nine months duration; for the past six weeks has had a regular daily paroxysm, well developed in all its stages, is very much debilitated, and presents the malarious cachexia, sallow complexion, loss of appetite, costive bowels, &c. R. Cornin, gr. x., Hyd. C. Creta, gr., ii., twice to-day, and same dose in the morning before the paroxysm.

May 30—Has had no return of paroxysm. Continue Cornin, gr. v., each day.

June 4—Has had no return since, and is improving in his com

plexion, strength, and feelings; appetite returned, and secretions natural. No subsequent return of paroxysm.

CASE II.—Geo. D. entered hospital, June 4th, with intermittent of fourteen months continuance, and with diarrhœa for six weeks past, which has very much debilitated him. R. Pulv. Opii., gr. i., Cornin, gr. v. twice a day.

June 9—No return of paroxysm since first day of the above prescription, but diarrhœa continues in a milder way. Continue the same prescription.

June 14—Feels quite well, and disposed to leave, but advised to remain a while longer, to prevent relapse. No subsequent return while remaining, nor has since been heard of.

CASE III.—Davis entered hospital July 26th, with ague. Had first paroxysm the day before admission. When visited, was in hot stage, with high febrile excitement. Ordered Cornin, gr. x., Hyd. C. Creta, gr. ii. immediately, and repeat in the evening.

June 28th—Had slight return of paroxysm next day, but shorter and milder. Commenced to improve soon after first dose, which apparently acted as febrifuge as well as antiperiodic. Continue Cornin, gr. x., once a day.

August 4—No return since. Feels well in every respect.

CASE IV.—Cummings entered hospital July 18th, with ague of six weeks. Rigors not developed, but fever coming on at regular periods, preceded by chilly sensations of short duration; bowels costive. Ordered alt. pills, after operation of which, to take Cornin, gr. v., three times a day.

July 21—Has had to-day for first time a regular shaking ague. R. Quinine, gr. viii., before the paroxysm in the morning.

July 22—Shake returned again to-day at same hour, but shorter, and fever milder. Repeat Quinine, gr. vii.

July 23—No return of paroxysm. Patient remained for some days under tonic doses, and left quite well.

CASE V.—Michael C. entered hospital July 28th. Case similar to last, an intermittent fever without rigors. Was ordered Quinine in full doses.

July 30—Had a perfectly developed ague paroxysm. R. Cornin, gr. v., twice a day.

August 4—No return since taking Cornin.

August 24—Has continued well up to present time.—*Peninsular Journal of Medicine.*

Case in which Six Drachms of Arsenic was taken. Hydrated Sesquioxide of Iron administered. Recovery. By WILLIAM WEBB, M.D., of St. Louis.

I was called about ten and a half o'clock, on Sunday night, Sept. 2d, to see Mrs. O., who had been taken suddenly ill. I learned from her that she had procured from a druggist a parcel of arsenic, for the ostensible purpose of killing rats; that owing to a difficulty with her husband she determined to destroy herself. I repaired to the apothecary's, and learned from him that she had procured that evening about *six drachms* of arsenious acid,—a specimen from the same parcel examined since by a practical chemist (Mr Brown) is pronounced unadulterated. She states "that she had eaten nothing all day except a small piece of meat at dinner, and that she took *all* the arsenic she got from the druggist in half a tumbler of water, while the family were at supper, about six oclock, and that she did not vomit until eight, and only vomited two or three times before my visit—thinks that she did not get up any of the powder, only water with a little bile.

Found her four and a half hours after the administration of the poison, retching and vomiting bile and mucus; pale, with a dull expression of countenance, inclined to be stupid; skin cold and clammy; restless; pulse feeble and quick, about 120; violent burning pain in the epigastrium; tongue considered redder than natural. While the antidote was being procured, I vomited her freely with salt and mustard and copious draughts of hot water, and nothing like arsenic in powder was emitted. The officinal hydrated sesquioxide of iron was now, near five hours after the administration of the poison, given, at first diluted with equal parts of water, owing to the difficulty in getting her to take it in the pulpy state, though in a short time she took freely of the magma in doses of a table-spoonful every ten minutes, she vomiting I think twice, once half an hour after the administration of the first dose, and then some considerable time afterwards.

I learned from the druggist that she took all he had, about a pound, and I obtained two ounces from another store. The administration of the antidote was continued without any adjuvants, except occasionally mustard poultices, until about eight o'clock next morning. I saw her at seven o'clock, Monday morning, expression of countenance better; face flushed; skin hot; pulse 108, full; has had several very copious watery evacuations; eyelids very much swollen

and conjunctiva injected ; numbness of the extremities ; pain in the lumbar region ; no urine ; tongue quite red ; complains of rawness of the throat ; great thirst. Ordered mustard sinapisms over the stomach ; sulphate of morphia one-eighth of a grain, occasionally ; to drink copiously of iced elm water ; to be kept quiet. Ten o'clock, symptoms as before ; no urine or stool. Six o'clock, fever : pulse full, 120 ; tenderness over the stomach and abdomen, very marked, though no undue heat of skin ; feet numb, and occasionally severe pain running up the legs to the hip. Ordered the elm water and ice to be taken *ad libitum*, and to be cupped to twelve ounces over the epigastrium and abdomen ; to take the morphia to relieve pain.

Tuesday morning—did not get the cups ; took the morphine only twice ; much better ; has slept well ; urine about a pint, natural ; no stool ; wishes to take some toast, which I forbid ; much less tenderness over the stomach and bowels ; tongue better ; throat still raw ; wants to sit up. Ordered her to take nothing but mucilage, and keep quiet.

Wednesday, much better. Ordered an ounce each of castor oil and aromatic syrup of rhubarb, of which she is to take a table-spoonful every two hours until it operates.

Thursday—has had two evacuations from her bowels ; very profuse and very black ; all her symptoms improved.

Saturday—she is up, and looks pretty well, but is dull and listless ; has been out several times ; still, has some pain and numbness in her legs ; tongue has a white coat around the edges, with a red patch half an inch wide in the centre ; great thirst, with an insatiable appetite : eye-lids considerably swollen in the morning. Has continued to improve, and is at present quite well.

Remarks.—The points of interest in this case, are, the quantity of arsenic taken, the length of time after, before the administration of the antidote ; and the certainty of antidotal powers of the protoxide of iron. We must suppose from the quantity of arsenic taken, symptoms, length of time taken, and upon an empty stomach, that absorption of a considerable quantity must have taken place ; and the point of vital import in this case is, that if the protoxide of iron did act as the antidote, we may not despair in its administration even after a sufficient time has elapsed for the absorption of some of the poison.

Did the protoxide of iron unite with the arsenious acid in the stomach, forming the insoluble subarsenite of the protoxide of iron ? or was the antidotal power exhibited in the blood after absorption ? or both ?—*St. Louis Medical Journal.*

Case of Hysterical Paralysis. Under the care of Sir CHARLES HASTINGS, in the Worcester Infirmary.

H. P., aged sixteen years, a pale delicate-looking girl, who had resided with her parents in the country, first became a patient of this Infirmary, June 25th, 1853. She had never menstruated, and now presented herself for the relief of cough with hæmoptysis. The union surgeon had looked upon the case as one of phthisis ; but on careful examination, no physical evidence of that disease could be detected, and the cough and hæmoptysis soon yielded to ordinary treatment. She, however, complained of considerable tenderness and occasional pain in the region of the left ovary, and in this situation was observed the cicatrix of a recently closed ulcer ; the girl stated that at intervals of a few weeks there was a profuse discharge of matter from this spot, and that a surgeon who had examined her some months previously had told her that the wound communicated with the uterus. While under our observation, however, the cicatrix remained firmly closed, and the amenorrhœa being the only apparent deviation from health, excepting the occasional passage of lumbrici, she was made an out-patient on the 30th July, and in a few weeks discontinued her attendance. It appears that shortly after this time she became subject to convulsive attacks, at first only slight, but afterwards increasing in severity, and putting on an epileptic character ; these occurred usually about twice a week ; at times she soon recovered from their effect, but at others they left behind a degree of weakness in the left arm, and for a few hours an almost complete aphonia. There was still no appearance of menstruation, and Oct. 14th, 1854, she was re-admitted. She was now suffering from loss of power in the left leg and arm ; she could not stand without support, and the leg was dragged after the body in walking. She could move the arm slightly, but not to any useful purpose ; she still complained of uneasiness in the region of the left ovary, where there was a slight degree of fullness observed. While in the hospital she continued to have occasional attacks of convulsions, but they were not severe, and it was noticed that the left side of the body remained motionless. After one of these attacks she completely lost her voice, and this state continued for some days. During the whole of her illness she has never had any pain or uneasiness in the head, and the facial muscles have not been paralysed in the slightest degree ; neither have the muscles of the affected limbs, although flaccid and relaxed, suffered materially in their nutrition. These facts, taken in

connection with the deranged state of the uterine functions, led to the opinion that the hemiplegia was not the result of any organic cerebral disease, but rather a form, and a somewhat uncommon form, of that protean malady, hysteria.

She was accordingly treated on this supposition with tonics, as quinine, zinc, &c., with good diet, and for some days seemed to improve; she then passed a lumbricus, and a brisk purgative was given, which brought away two or three more, but was followed by an aggravation of the paralytic symptoms; she had now complete hemiplegia of the left side, with greatly diminished sensibility of the limbs, aphonia, and refused to swallow any nourishment. Strong beef-tea was administered in small quantities by the rectum, and in a few days she again began to take food by the mouth. The tonic remedies were resumed, but the right side of the body now began to be affected with loss of power and diminished sensibility. This increased till she was unable to feed herself, or to move in bed, and she lay thus for some weeks, taking but little notice of what was passing around her. During this time the muscles of the face and tongue were under perfect command of the will; the pulse, though feeble, was regular, and not above 90, and there was no degree of fever. Urine limpid, and passed occasionally in large quantity, and the appetite remained pretty good. For more than a month this state continued, then she appeared gradually to improve; she regained, in some degree, the power of moving the right arm and leg, and in January was put on full doses of the carbonate of iron, with the use of galvanism, daily to the affected limbs; the improvement was from this time progressive, and she was discharged March 31st, 1855, able to walk about the ward with ease. She was sent into the country for change of air, and I have since learnt that she has much improved in her general health, though there is still some degree of weakness of the left arm and leg, and the catamenia have not yet appeared.—*Association Med. Jour.*

On a New Parasite in Man (Pentastomum Denticulatum Rud.) By
Dr. ZENKER, of Dresden.

It was Professor Siebold who first demonstrated from the observations of Drs. Pruner and Bilharz, physicians in Cairo, the existence of a species of the genus pentastomum living in the intestines of

man ; Siebold gave it the name of *P. constrictum*. The author states that Egypt is not the only country which has the *good fortune* to possess a pentastome ; another species, the *pentastomum denticulatum* RUD., which had hitherto been met with only in animals, is found in man, and is even very common in Germany. The author has observed this worm seven times, and always in the same organ, on the superior surface of the liver, under the peritoneum. It is contained in a dense fibrous capsule which adheres to the parenchyma of the liver and to the peritoneum, but which admits of being easily detached ; it appears under the form of a little tubercle of from 2.25 to 3.37 millimetres (.0935 to .1326 of an English inch), usually filled with a calcareous deposit with which the animalcule is itself incrustated. The capsule is proportionally very thick, and it is difficult to extract the worm from it uninjured ; sometimes, however, the capsule separates easily from the earthy concretion, and the worm can then be withdrawn.

The author gives a detailed description of the animal, and the description is accompanied with figures to exhibit more clearly the form of the worm, and especially that of the tentacula with which the head is furnished.—*Zeitschrift für Rationelle Medicin and Gazette Médicale de Paris*.

The Committee on Medical Topography, &c.

At the last annual meeting of the American Medical Association in Philadelphia, May, 1855, a committee was appointed, of one member from each State or Territory, and one from the Army and one from the Navy of the United States, to report upon the "Medical Topography and the Epidemic Diseases of the United States, and the most successful treatment of the latter."

A circular was issued, signed by several members of this committee, viz., by James W. Thompson, M.D., of Delaware ; Jacob M. Gemmil, M.D., of Pennsylvania ; G. Mendenhall, M.D., of Ohio ; J. H. Beech, M.D., of Michigan ; Joseph Mauran, M.D., of Rhode Island ; and Thomas Miller, M.D., of the District of Columbia, requesting the members to assemble at Newport, on Tuesday, the 14th day of August ; and on that day, in the Redwood Library, Drs. Thompson, of Delaware, Smith, of New Jersey, Perkins, of Vermont, Mauran, of Rhode Island, and Shattuck, of Massachusetts,

were present. The meeting was called to order at 10, A. M. Dr. Thompson was chosen chairman, and Dr. Mauran was made the Secretary.

On motion, it was voted, unanimously, that Drs. Dunn and King, of Newport, and Dr. Steiner, of Baltimore, (all permanent members of the Association,) be invited to participate in the discussions of the committee.

It was voted that the first business in order be the reading of communications from members of the committee not able to be present, viz., Drs. Weston, of Maine, Peaslee, of New Hampshire, Mendenhall, of Ohio, Sutton, of Kentucky, Beech, of Michigan, Haskins, of Tennessee, and Wroth, of Maryland.

After the reading and due consideration of these communications, and a free interchange of opinions, a sub-committee was constituted by the appointment of Drs. Perkins, Smith, and Shattuck, to take the subject of the communications and views of members into consideration, and to report at the next meeting; and the committee adjourned to meet at the same place at 5 o'clock in the afternoon.

The committee came together at the appointed time, when the following report was made and adopted:—

Report of the Sub-Committee.

“The written communications of those absent, and the expressed opinions of those present, show that there is but one opinion on the part of all as to the importance of prompt and effective measures being taken to secure the collection of such facts and histories as may enable the committee to draw up their reports satisfactorily. The subject matter is so vast that many collaborators are needed. Each member of the committee has the power to associate with him any professional brethren who may be able and willing to take a part in the work. Very valuable aid can be rendered by State and County Societies, whose co-operation it is advisable to invite. At the same time, some members of the committee are mistaken in supposing that the reports must first be made to, and adopted by a State or County Society. A proposition to this effect was made, but was *not* adopted by the Convention—one obvious reason for this refusal being found in the fact that there are no such societies in many States and Counties.

“Your Sub-Committee think it desirable to try to get the histories of all epidemics which have prevailed since the settlement of the country. Our reports must be made by the 1st of May, 1858, but we must at once set about seeing what materials we can get together.

A general appeal to all members of the profession seems desirable, and a form of circular is subjoined, which it is proposed to send out as extensively as possible. Each member will make his own researches according to time and facilities, and in this way, when the Committee next come together, they may hope to have a mass of material, from a careful examination of which, shape and direction may be given to the reports."

At a meeting of the Committee, at the same place, on the 15th of August, Drs. Mauran and Shattuck were appointed a Sub-Committee to print and send the circulars to the absent members, with an account of the proceedings.

On motion by Dr. Smith, seconded by Dr. Shattuck, it was

Voted—That the thanks of this Committee are hereby cordially tendered to the proprietors of the Redwood Library for the free use of their commodious rooms, and also to our medical brethren at Newport, Drs. Dunn and King, for their continued courtesies and elegant hospitality extended to all the members of the Committee whilst sojourning in their city.

Voted—That the proceedings be signed by the Chairman and Secretary.

Voted—That this meeting is now adjourned to the first Wednesday in May, 1856, at the city of Detroit.

JAMES W. THOMPSON, M.D., *Chairman*.

JOSEPH MAURAN, M.D., *Secretary*.

New Way of Making Oleum Morrhuæ Cum Quina. By K. C., a
Member of the Pharmaceutical Association.

GENTLEMEN :—I beg leave to make known through your valuable magazine, a method of preparing Cod Liver Oil with Quinine, so simple and efficacious, that I am confident it will supersede any other process at present in use.

This new and elegant preparation may be easily made without impairing, in the least degree, either the color, odor, translucency, or efficacy of the oil, by dissolving the *pure dry* quina in a very small portion of oil of almonds, (about 8 grs. of quina to 2 drms. of the oil,) with the aid of heat, and then mixing the solution with the desired quantity of oleum Jecoris Aselli. The advantages of this

plan are so self-evident that I will take up no more of your valuable space.

[We have tried the above simple method, and have found it answer admirably. The preparation is made in a few minutes ; we found the ordinary disulphate of quinia answer just as well as the quinia itself.—*Editors Montreal Medical Chronicle.*]

EDITORIAL AND MISCELLANEOUS.

SALUTATORY.—Presenting to our readers the salutations of the season, we commence the *fifth* volume of the MONTHLY. It is not unusual to indulge at such times in laudation of all parties concerned in conducting whatever publication thus reaches an anniversary. To this our taste does not incline us, neither does the necessity of the case require it. Our purpose is, in the year before us, to continue in the even course which we have hitherto pursued, and to make the publication a useful one to the profession. With some changes in our minuter arrangements, we hope to be able to furnish not only an abundant supply of the solid elements which shall nourish, but those equally useful ingredients which “cheer but not inebriate.” Without figure we shall endeavor to include among our items those little excerpts of information—not precisely but pretty near to professional gossip—which we find the laborious practitioner so much desires and enjoys. But with assurances of efforts to improve, we must ask our readers to be content rather than to expect from us minute promises, and we respectfully ask each of our friends to make himself our agent to increase still more our circulation.

DISCUSSING ERRORS—THE ACADEMY OF MEDICINE.—It is curious that men are so much afraid to overhaul pretensions that they know must be unfounded. An intelligent surgeon never rests until a wound or an open abscess has been probed thoroughly. But it is the fashion with medical men to tremble at the thought of investigating new medical pretensions, and to turn away from what they conceive to be error, however much the people may be charmed by it, as if stirring

the matter were sure to spread it. At the last meeting of the Academy of Medicine this was illustrated practically. A Fellow proposed a Committee of Inquiry into the truth or falsity of the virtues of the electro-chemical baths, which pretend to extract minerals from the human system. If the thoughtless Fellow had thrown a bomb-shell into the sedate presence he could not have worse startled the sleepy savans. The proposition was frowned down, talked down, thrust down under the table indignantly. It was a proposition to prostitute the Academy. It would advertise a quack and propagate a humbug.

Now, we probably coincide precisely with the indignants as to the worthlessness of the baths. But inasmuch as the people are inquiring on the subject ; inasmuch as physicians are the teachers to whom the public look for intelligent opinions upon every claimant to attention as an improved mode of healing ; and especially inasmuch as the first publication on this subject was made, not in the secular press, but in one of our most orthodox, city medical journals, it did seem to us that the terrible excitement of Fellows looked as if they felt that they dare not trust a committee of their own appointing to examine and report upon the subject.

We know that certain trembling old fogies do preach the very comforting doctrine that even to touch or treat of, or even expose an error, advertises it, and helps to perpetuate it. The doctrine is comforting to men whose inertia overbalances both curiosity and zeal for science, or the public information. But it is simply a fallacy. If the public would agree to talk of only what the Academy and the old fogies talk about, it might have a shadow of sense in it. But the secular press has a propensity to publish *all the news*, whether it accords with Dr. White-throat's theory of disease, and chimes in with Dr. Tengrane's practice in fevers, or not. And people have a foolish way of talking about whatever they have read and been interested in. And so, if the dignity of the regular practitioner prevents his opening his lips upon the subject, it goes to the jury well argued on the one side, and commended by all that is seducing in novelty, without a word in opposition from the intelligent and well-posted counsel for the people. Is there any wonder that the world is full of quackery ?—that quacks eat up the profits and the substance of the regular physicians ?—that the secular press is so often arrayed on the side of charlatanry ? In our opinion, the profession has itself to blame.

THE PUBLIC SCHOOLS AND OUR CHILDREN.—The article in our November number, setting forth the bad effects upon the health of children produced by the present custom of obliging the Public School scholars to learn their lessons out of school hours, has produced a good deal of excitement. The truth of our suspicions is generally conceded, and that a reform is called for seems to be granted. Still some of the best friends of popular education urge that our whole school system would be endangered by attempting it just now. We do not agree with them. The system is well grounded in the affections of the tax-payers. It asks over a million of dollars for its operations during the coming year in the city, and the city authorities vote the sum without hesitation. Its details are nearly perfected, and so grave an error as this of over-crowding the children with studies, and infringing upon hours that should be sacred to rest and play, should be at once corrected. Boston is ahead of us. We ask the attention of the Board of Education and of all philanthropists.

THE EYE INFIRMARY.—The old Eye Infirmary, in which Rogers, Delafield, Wilkes, &c., made their reputation, goes up from Mercer street to new quarters on Second Avenue, corner of Thirteenth street. The building is very large and commodious, and has been erected with special reference to the demands of its medical staff and the good of patients. Its situation, however, has created some little grumbling. It is within a few blocks of the Ophthalmic Institution, over which ex-mayor Woodhull presides, and which seemed to occupy the ground sufficiently. Regarding the metropolitan character of all our large and growing institutions for hospital and charity purposes, we cannot think the grumbling will be heard long.

UNFINISHED JOBS.—The Academy of Medicine, though it gave so much time to the subject of the topical treatment of bronchial diseases, and put upon its archives some papers in the shape of careful reports, over which posterity will crack its sides with laughter, never committed itself by a vote. The elaborate reports were considered and tabled. Why not finally disposed of? Why will not Academicians finish the little job they took in hand? It would look more "ship-shape" and satisfactory.

"A PHYSICIAN MULCTED IN DAMAGES FOR MALPRACTICE."—A paragraph with this title is going the rounds of the papers, giving the particulars of the trial of Dr. Snell, of Williamsburgh, in which it is stated that Dr. Snell is a graduate of the New York Medical College. No such name is found on the records of that institution; and if the name of the college is worth mentioning at all, and if accuracy is desirable, it should be said that he is a graduate of the Crosby street School.

The weather of December and the preceding fall was exceedingly pleasant and mild. The health of the city was also to as remarkable an extent excellent. There has been very little sickness in town; no epidemics are prevalent, and the mortality tables show an unprecedented improvement.

MEDICAL NEWS.

COMPLIMENT TO DR. FRANCIS.—The attending physicians and surgeons of Bellevue Hospital have requested Dr. John W. Francis, the President of the Medical Board, to sit for his portrait, for the use and adornment of the institution. The long life of Dr. Francis devoted to the elevation of the art of medicine, as well as his peculiar services in the responsible situation which he fills, renders this testimonial not only a compliment, but an act of justice. M. Thenglu is the artist chosen to perform the work.—*New York Daily Times*.

HEALTH AMONG THE QUAKERS.—It is stated in the *Friends' Intelligencer*, that from statistics, recently published in England, while the average duration of human life is estimated at thirty-three years, that among the Friends is an average of fifty-one years. Eighteen years thus added to the average of human life is a fact too remarkable not to challenge medical attention, and lead us to a close investigation of the laws of life.

We regret to announce the death of Prof. Johnston, the well-known agricultural chemist, at Durham, Eng.

WAYS TO COMMIT SUICIDE.—1. Wearing thin shoes on damp nights in rainy weather.

2. Building on the air-tight principle.

3. Surfeiting on hot and very highly stimulating dinners.

4. Beginning in childhood to drink tea, and going on from one step to another, through coffee, chewing tobacco, smoking, and drinking.

5. Marrying in haste, getting an uncongenial companion, and living the rest of your life in mental dissatisfaction.

6. Following an unhealthy occupation, because money can be made by it.

7. Tempting the appetite with niceties when the stomach says no.

8. Continuing to keep in a continual worry about something or nothing.

9. Retiring at midnight and rising at noon.

10. Gormandising between meals.

11. Giving away to fits of anger.

12. Trying always to insult or injure somebody.

HONOR TO THE MEDICAL PROFESSION.—The King of Belgium has just created eighteen of the most distinguished physicians in his kingdom Knights of the Order of Leopold.

The Belgian government has also decided to carry at half-price, on the State Railways, all alimentary substances destined for hospitals, and other charitable institutions.

DEATH OF M. MAJENDIE.—This illustrious physiologist died at his country seat, near Paris, on the 7th November, in the 72d year of his age.

The chair of Practice of Medicine in the University of Edinburgh has recently been filled by the election of Dr. Laycock, of York, after a vigorous canvass. His strongest competitors were Prof. Bennett, and Dr. Wood, of Edinburgh. Prof. Alison had retired from this chair on account of ill-health, and has been appointed Emeritus Professor.

A Consumption Hospital has recently been organized in this city by the election of Dr. J. H. Griscom, president, and Dr. A. H. Jones, secretary. This is the first institution of the kind in this country.

HOSPITAL FOR CATS AT ALEPPO.—The other remarkable thing here is the hospital for cats. This was founded long ago by a rich, cat-loving Musselman, and is one of the best endowed institutions in the city. An old mosque is appropriated to the purpose, under the charge of several directors, and here sick cats are nursed, homeless cats find shelter, and decrepit cats gracefully purr away their declining years. The whole category embraces several hundreds, and it is quite a sight to behold the court, the corridors, and terraces of the mosque swarming with them. Here, one with bruised limb in receiving a cataplasm; there a cataleptic patient is tenderly cared for; and so on, through the long concatenation of feline disease. Aleppo, moreover, rejoices in a greater number of cats than even Jerusalem. —*Bayard Taylor*.

"CHLOROFORM has been freely administered in all the divisions of the English army in the Crimea, save the second, and has been generally approved;—one death only, as far as known, having occurred directly from its administration."—*Guthrie's Commentaries on Surgery*.

Card of the Committee on Prize Essays of the American Medical Association.

At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a committee to receive voluntary communications on medical subjects and award prizes in accordance with the regulations of that body.

Each communication intended to compete for a prize must be addressed to the Chairman of the Committee, at Ann Arbor, Michigan, before March 20th, 1856, and must be accompanied with a sealed packet, containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay, which packet will not be opened unless the essay belonging to it is successful in obtaining a prize.

Unsuccessful papers will be returned on application, after the adjournment of the meeting of the Association at Detroit, in May next.

A. B. Palmer, M.D., Chairman, S. Denton, M.D., A. R. Terry, M.D., A. Sayre, M.D., S. H. Douglass, M.D., C. L. Ford, M.D., E. Andrews, M.D.

THE AMERICAN MEDICAL MONTHLY.

FEBRUARY, 1856.

ESSAYS, MONOGRAPHS, AND CASES.

Case of Hydrophobia. By HOSEA FOUNTAIN, M.D., of Yorktown, N. Y.

On the morning of October 1st, my father, Dr. James Fountain, called on me, and with anxious looks solicited me to search my library over for Hydrophobia, for he feared that one of his most highly esteemed friends really had that awful disease. The great solicitude of my aged parent induced me to set about the task at once, and by 3 o'clock I was at the house of his friend, and joined him in attendance.

The subject was a Mr. Stephen Lee, of Yorktown, one of our most respectable farmers, and a most excellent man. He was sixty-four years of age, of a highly sanguineous temperament, and of robust health. He was temperate, of uniform habits, and possessed of great mental firmness.

About the 1st of last May, he observed a small dog chasing his sheep, frequently catching one, then another, until he drove him off. He followed him home to the house of his mistress. While there his own large dog and a similar one of his neighbor's met, and had a clinch. While these two large dogs were engaged in fighting, the small one busied himself in snapping the legs of both indiscriminately. It seems that, on the day previous, this small dog snapped at his mistress, and then disappeared, and was seen no more until he was discovered by

Mr. Lee among his sheep. In a month or so both of these large dogs died of hydrophobia, and three or four of Mr. Lee's sheep and several of his neighbor's hogs died suddenly and strangely.

Mr. Lee obtained permission to kill the dog ; and in doing this he received a deep bite just above the little finger nail of the left hand. The wound was merely tied up, and soon healed, and the part henceforward appeared sound. Still, the bitten part often pained him, as did the whole arm to the top of the shoulder, resembling rheumatism.

A few days after this Mr. Lee received a deep puncture in his thigh from a pitchfork. A virulent inflammation of the part ensued, which extended upwards and produced an acute peritonitis. Although this soon yielded to appropriate treatment by my father, yet the abdomen continued sore, with occasional pains, all summer.

On the last three or four days of September Mr. Lee felt quite indisposed. His finger suffered darting pains, extending up his arm and shoulder, so that, on Sunday, the last day of September, he did not go to church, but kept his bed most of the day. At night he retired as usual, but feeling restless and uneasy, he rose at one o'clock, Monday morning, October 1st, and stepped across the sitting-room to the kitchen for a drink of water. Taking it up with a tin dipper from the pail, he carried it to his mouth, when a sudden, spasmodic, suffocating sensation, and catching of his breath, prevented him from swallowing, or even getting the liquid between his lips. Being resolute and determined to drink, he made two more attempts, with precisely the same results, only he did swallow a few drops at last, but he said it nearly suffocated him. He returned to his bed, still sobbing and sighing. He remarked to his wife that he was afraid that all was not right about that little dog.

Very early in the morning he rose and walked a mile to his daughter's, to send off his son-in-law to Peekskill for Penny's medicine for the bite of a mad dog. When there he tried again to drink but failed. He then walked home in the rain, and the drops striking him in the face caused him to catch

his breath and sob all the way home. He then sent for my father, who thus describes the first interview with him.

Monday morning, eight o'clock—Found Mr. Lee sitting up and walking around occasionally, and looking as well as usual, only there was a cast of anxiety and rather a wild stare sitting on his countenance. He related his failure to drink water, and to convince me he made two trials, with the same result, only the last time he swallowed a few drops, but it produced a most violent and painful suffocation, with spasmodic throes of the whole chest backwards. Still he could swallow hot drinks, yet these sometimes produced a catching of his breath and a shudder.

His skin was a little warmer than usual, his pulse beating 120 a minute, yet not hard ; his tongue bore a thin yellowish-white, dirty-looking scurf ; his face somewhat flushed, and his eyes rather staring or unnatural. His appetite was all gone, and his thirst moderate. His mind was clear and calm, and his deportment mild.

Although my judgment was convinced, yet my desires influenced me to hope it might be some freak of rheumatism, and that the difficulty of swallowing might arise from the coldness of the water. So I determined to put him to bed and give him a thorough sweat at any rate.

In this condition I found him sweating profusely. In looking over my authors, I found one post mortem appearance pretty constant in all cases ; namely, evidence of inflammation about the top of the medulla oblongata. In many cases the stomach, fauces and lungs bore evidences of inflammation. Although this inflammation is the effect of a specific poison circulating in the blood, and not the essence of the disease, yet of itself it is, most conclusively, the cause of all those spasmodic movements and horrible convulsions which characterize hydrophobia.

From this view of the pathology of hydrophobia, we concluded there were but two indications to fulfil :

1st. To obviate the spasmodic movements by reducing the inflammation about the base of the brain.

2d. To evacuate the poison through the various emunctories, or to neutralize it.

His pulse being now 140 a minute, and not wiry, and he being opposed to losing blood, we regret to say this means was given up, but the more readily, however, from the fact that we had no faith in any course of treatment whatever.

Notwithstanding our poor prospect, we concluded to adopt a course to fulfil both these indications at the same time—a course that would tend both to relieve inflammation and to throw open the different outlets of the system. For this purpose the following was prescribed:—Tinct. colch. 3ij; tart. antim. grs. 3; in hot infusion of hyssop. To be repeated every half hour till vomiting and sweating ensued. After three doses were taken, he vomited a little. Soon after this, 5 grs. of tart. antim., which had previously been put in some hot tea, was given him by accident; yet, after all, he vomited but moderately. The effects were to induce a free perspiration, to reduce the flush of the face, to quiet him, and to enable him to swallow his warm drinks with more ease.

Tuesday, October 2d—Symptoms unaltered; has rested quietly, but slept none; skin still bathed in sweat; warm appliances and bedding gradually removed. After a careful cooling he rose, was dressed, and walked out into the sitting-room. Pulse 140; not much thirst; complains of some pain in his left arm and shoulder; can swallow hot drinks comfortably when brought up to his mouth, so as not to see them, his eyes being directed above them, otherwise he is suddenly suffocated with spasmodic jerkings of his chest backwards.

Ice was now given him to hold in his mouth, and so let the water run down into his stomach. This caused him no inconvenience, and afforded him much relief and comfort, and undoubtedly served to render the blood less acrimonious. A bladder of ice was also now placed on the top of the nape of the neck, and kept there constantly. Ordered tinct. colch. 3j, and tart. antim. grs. ij, every three hours. In the afternoon his face became much suffused, inclining to lividity; his eyes prominent and wild and suspicious; cannot indure questioning, as it inclines him to spasms and greatly annoys him; he tells his friends he cannot bear it, they will please to walk into the other room. Towards evening he became very restless, and his face livid and his eyes staring. The medicine was repeated

every half hour till it vomited and purged him. Soon after these operations, the lividity of his face disappeared, and he became quite calm and comfortable, conversing pleasantly with his family and friends. He went to bed, rested quietly, but slept none.

Wednesday, October 3d—Much the same this morning, at any rate no worse. In the afternoon he gradually became more uneasy and flushed, and in passing through the door he was suddenly jerked back by a general spasm. He complained of an indescribable agony all over him, feeling, he said, that he must soon have convulsions. He sighed often, and was frequently obliged to catch his breath. Pulse 150; tongue about the same. At five, he could scarcely restrain himself, and the thoughts of water distressed him and made him feel wild and strange. At six o'clock, gave him tinct. colch. ʒiij, tart. antim. grs. 4. It soon vomited and purged him, and he at once became quiet and calm, and the lividity left his face. At bedtime, he complained that the ice made his arm and shoulder more painful, so it was discontinued. He also remarked that his bitten hand was becoming very feeble and nearly helpless. He went to his bed, but slept none. Pulse 150; mind still clear and calm.

Thursday morning, October 4th—His left hand is now found to be paralyzed, but he still seems comfortable. Ate several oysters and drank a cup of coffee. At noon he became worse in all respects, and the afternoon was dreaded. Immediately nine leeches were applied to the top of the neck, close under the hair. They drew well. The bites were kept bleeding by poultices as long as he could endure the evacuation, and till he sensibly felt the loss of blood. He soon seemed far more comfortable every way; had his cup of tea and food placed on a stand before him. He now observed; "Now, don't talk or look at me." He ate his food and drank off his cup of tea quietly. He said he had to use much caution in drinking, to take the advantage of the spasms. If spoken to, even when drinking quietly, he was instantly suffocated, catching his breath, and looking wild and livid. By evening his whole left arm became completely palsied, but the spasmodic feelings had all vanished, and he could drink easily and freely of anything;

even cold water no longer distressed him. Went to bed and slept sweetly three or four hours, for the first time. Pulse the same.

Friday morning, October 5th—Woke at four o'clock this morning, and soon became much distressed ; complained of an intolerable tightness across his chest and an awful agony all over him. Had my father called up, and told him he must have some more emetic or he should die. He had always found so much relief from them, that he was anxious to have one more. Gave him tinct. colch. ʒij., tart. antim. grs. iii. He soon vomited and purged. The livid color left his face, and he dropped into a deep sleep, resting three hours. He awoke quiet, calm, and comfortable, and could drink with perfect ease of anything whatever, and his spasms had all left him. Pulse still 140, and his right hand and arm are now also entirely palsied.

Saturday morning, October 6th—His palsy has now become general, yet he is every way comfortable, and seemed to enjoy his smoking, when the pipe was put between his lips. To me it was a melancholy sight to see him sitting with his pipe in his mouth as composedly as when he was in perfect health, yet unable to move a limb. This paralysis, or extinction of the vital principle by the rabid poison, went on to increase until every muscle, except those of respiration, was entirely paralyzed. These were unaffected to the last, for he could always breathe with perfect ease and freedom. In fact, all the organic nerves were uninfluenced, the sphincters of the bladder and anus acting well to the end.

A new phenomenon now presented itself. It was a constant discharge of white, frothy mucus from the mouth, proceeding, seemingly, from the fauces. This increased steadily until he died, requiring to be constantly wiped away.

At evening, every muscle below the neck seemed perfectly dead. He was now extremely restless and required to be carried from his chair to his bed every few minutes. He was now so totally dead and flaccid, that he folded down any way like flimsy rag. He had a most distressed night. In constant agony, he begged to be carried from his chair to the bed and back again every five minutes at the longest. Pulse 150 ; mind still calm.

Sunday morning, October 7th—About four o'clock this morning, my father was called up and besought to give him some rest. Up to this time he had not taken a particle of any kind of opiate. Considering the fate of the case as now beyond a ray of hope, a suppository of opium was introduced into the rectum. In a short time he fell into a sound sleep, and slept quietly, unless when roused up, all day. Mind still clear; averse to speaking; drinks not so frequently; ate but little; pulse 150, and very feeble.

Monday, October 8th—Still remains comfortable; sleeps most of the time; drinks easily; eats nothing; still breathes light and easy. His mind is now wandering for the first time; continues sinking.

Tuesday, October 9th—Is quiet; says nothing; drinks very little; his mind is absent; still breathes easily; sinking; pulse too rapid to count.

Wednesday, October 10th—He merely breathes. At eight o'clock A. M., without a struggle or a groan, he merely ceased breathing, and expired.

Remarks.

We would now ask permission to make a few remarks on Mr. Lee's case. Either my father or myself were always with him, and nearly all the time we had him under our eye.

We could not fail to notice the strong resemblance between this case and all malignant fevers. It had its morning remissions, and its evening exacerbations. Like them, it arose from a specific poison introduced into the blood, vitiating the whole mass of the fluids. Like them, it had its general vascular action, and its local determinations, with all their consequences. The yellow fever determines to the stomach, producing black vomit; typhus fever to the brain; whilst hydrophobic action determines to the base of the brain, producing inflammation about the top of the medulla oblongata, causing all those spasmodic manifestations which characterize hydrophobia.

The spasmodic movements peculiar to this disease are unquestionably the effect of the inflammation of this particular part. Although these convulsions stand out in bold relief, and form the leading feature in this disease, yet they do not consti-

tute its essence, for in this case these were entirely subdued by Thursday evening, the fourth day of the disease, so that strong hopes were then entertained of his recovery ; yet his pulse kept the same, showing that the morbid vascular action went on in the even tenor of its way till the vital principle was destroyed by the poison.

From the history of this disease, as it occurs among domestic animals, we find that about one-half die convulsed, and the other half paralyzed ; so it may be in the human subject. Of these, most of them die of convulsions. Most probably the majority take opium, which cannot fail, from its action on the brain, to aggravate the spasms and render them fatal. In this case opiates were studiously avoided until the seventh day, when every ray of hope, and all danger from spasms had passed away. In fact, the intensity of his sufferings at this period imperiously demanded it, and it would have been needless cruelty to have withheld it. Even then the opium suppository quickened his pulse 10 or 15 a minute, and rendered deglutition more difficult, and even somewhat spasmodic. It was with pain I noticed this effect. Still I felt justified, for he never suffered pain any more. The effects of the opium on the nervous sufferings were extremely happy and abiding. But its action on the brain fully confirmed the opinion that the spasmodic manifestations were the effect of inflammation of the medulla oblongata.

From this view of the pathology of hydrophobia, we clearly have two distinct conditions to combat, namely, the specific inflammation at the base of the brain, and the poisonous vitiation of the fluids. In Mr. Lee's case we succeeded in removing the first, but the last destroyed him.

For the removal of the inflammation, and consequently the spasms, we are convinced that bleeding, leeching, ice, vomiting, and purging, with colchicum and tart. ant. et pot. are amply competent.

For the removal of the vitiated condition of the blood, we have been informed that steaming with a temperature as high as could be borne has succeeded. This may expel the poison. But we cannot but place great reliance on the chlorate of potass. The lividity of Mr. Lee's countenance, and the dark and

grumous appearance of the blood, evident on leeching, led to a belief that this vital fluid was in a very depraved condition. In diseases of the heart, when the whole system is depressed with venous blood, we have seen the purple hue of the lips and whole countenance disappear under the use of this medicine, and give place to a healthy scarlet hue, and the desponding, gloomy spirits to be supplanted by a happy cheerfulness of mind.

In Mr. Lee's case we did propose to ourselves to use this medicine, but where all was gloom and settled despair on all sides, and no confidence existing in any means, we very naturally yielded up our judgment to the spirit of those around us, so far at least as to relax our efforts.

We hope the partial success in this case, and the suggestions offered by it, may stimulate others to perseverance, and ultimate success.

We will now offer two cases of accidental cures, which we have from very good authority.

CASE I.—Two boys in one family had hydrophobia. In his ravings, one fell down stairs, and cut a hole in his scalp. He bled so profusely that it was feared he would die of the hæmorrhage. He recovered and the other one died.

CASE II.—A Mr. G., of this town, had the hydrophobia. He was an uncommonly robust, large, and powerful man. Finding he had the disease, he insisted on being bled down, to prevent him from doing violence to his friends. With this view he was bled often and profusely. He recovered.

We shall hereafter endeavor to furnish these cases. The length of time since they occurred renders it difficult to obtain their exact history.

Dr. Sanger's Uterometer. By B. FORDYCE BARKER, M.D., Professor of Midwifery, &c.

The uterine sound proposed by Prof. Simpson has very greatly added to our diagnostic means for investigating the

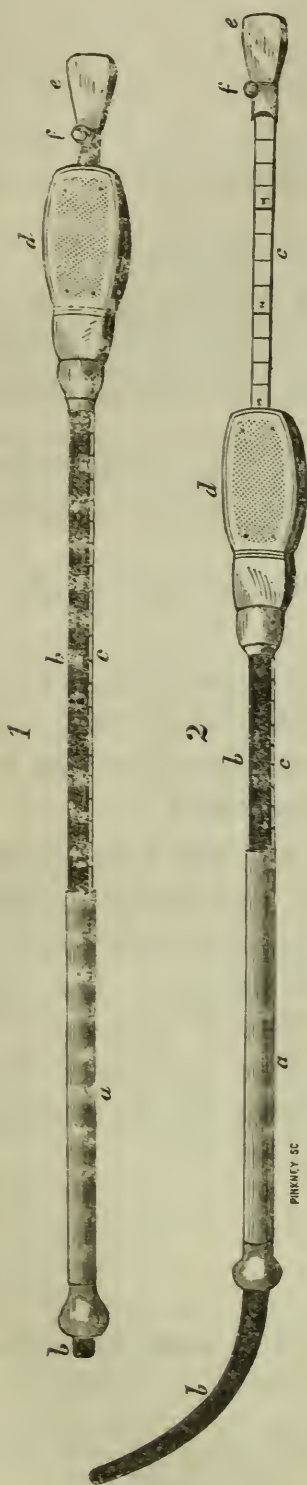
pathology of the uterus and the other pelvic organs. The speculum only reveals the condition of the cervix. The sound greatly increases our power of making a more perfect tactile examination of the fundus body and cervix. It assists us in determining the position of this organ in the pelvic cavity. In cases of pelvic and hypogastric or abdominal tumors, we are enabled by this instrument to ascertain their connection or non-connection with the uterus. It is also a therapeutic agent of great value in the reposition of the displaced organ. But perhaps it is more frequently used to measure the length of the cavity of the uterus than for any other purpose. Dr. Sanger, Resident Physician to the Blackwell's Island Hospitals, has invented and caused to be made an instrument, which we have found exceedingly convenient, and much more available for the purpose of measurement than Simpson's sound. The advantages of the instrument are the following:—

1st. The measurement of the cavity is accurately registered at the handle.

2d. The sound readily passes into the cavity, even where the organ is flexed.

3d. It can easily be introduced through the speculum, which, for obvious reasons, is often desirable.

We propose to call the instrument, which is made by Tieman,



"Sanger's Uterometer." The accompanying drawing and explanation will be readily understood.

1. *a* Silver canula surmounted by an ivory bulb.

c A steel strip graduated for measurement, and attached to the canula.

d Handle, to which is attached

b A steel spring, covered by an elastic bougie. The handle, *d*, slides upon the steel strip, *c c*, and pushes before it the elastic covered spring through the canula, *a*.

e A small slide made to designate the measurement, and adjusted by means of the screw, *f*.

When in a quiescent state, the instrument appears as in No. 1; but when the bougie is protruded beyond the canula, the steel spring within it causes it to assume the appearance of No.

2. The whole length of the instrument is fifteen inches.

DUPUYTREN.

Translated from the French of M. Verron for the *Monthly* by M. DESLANDES.

In every age, men born under favorable auspices, have been able, through their character, their talent or their genius, to create for themselves the highest position, to give their name a lasting historical fame, whether as great Captains, on the battle field, or at the Tribune as Orators, or at Court as King's Counsellors.

A man of this age has attained the highest standing in science, has given to his name in France and Europe a lasting and historical fame, by ascending every day, at six o'clock in the morning, for more than 30 years, the steps of the Hôtel-Dieu; by ascending the same steps at six o'clock in the evening; by carrying to the bed side of every patient the treasures of his learning, of his experience; by performing, iron or fire in hand, prodigies of skill, of audacity, of presence of mind and of firmness of soul; by replacing organs reduced to inaction by artificial ones; by pursuing in the most inaccessible cavities of the human body the last roots of an invading and destructive disease; lastly by tracing in a voice that breathed conviction, and with a striking lucidity, before an immense gathering of stu-

dents, religiously attentive to the voice of the master, a rapid and concise history of every patient and every disease, and by describing the minutest details of his modes of operating, whether the fruit of long meditations or improvisations of genius in presence of unexpected dangers. That man was Dupuytren.

There always is greatness in those who devote their whole life, and all the strength of their mind to incessant duties, to constant studies, to endless researches. Those who thus rise above their rivals by their character, their ardor for work and success, those have indeed a right to aspire during their life to the first seats in Academies, in the Schools, and, after their death, to what is called glory, to those monuments, to those bronze or marble statues, lastly to those public honors which immortalize the remembrance of a useful and illustrious life. Among these eminent men, some have a noble, even a proud bearing ; others add to all their merits that of modesty ; but all men of genius have a lively sentiment, whether secret or avowed of their personality. We must honor great and noble ambitions. In thinking thus I free the life and memory of Dupuytren from the calumnious insinuations of envy.

Dupuytren was born in 1777, in the arrondissement of St. Yrieix, Department of the Haute-Vienne. He studied in Paris, where he obtained the highest academical honors. In 1803, he was appointed assistant Surgeon at the Hôtel-Dieu. The Surgeon-in-chief was Pelletan.

In 1808 Dupuytren succeeded in getting the appointment of assistant surgeon-in-chief. From the title of assistant-surgeon to that of assistant Surgeon-in-Chief there was a great distance. Dupuytren attached much importance to the quality of the title. Dupuytren was accused of secret and incessant underhanded dealings against Pelletan. It is true that as soon as he was assistant Surgeon-in-Chief, Dupuytren wished ardently to have no one before him, and that later, when Surgeon-in-Chief, he did not wish to have any body behind him.

Some pupils of Dupuytren maintain that to get Pelletan's place, he only took advantage of one of those accidents which are not without examples in the hospitals. This is the fact : In 1814, a patient entered the Hôtel-Dieu of Paris ; a grave disease had invaded the whole of the articulation of the shoulder.

Dupuytren, assistant Surgeon-in-Chief, examines the patient. "To save him, said he, we must perform a bold operation, and after a new method, we must tie the subclavian." This operation Dupuytren takes upon himself to perform. Pelletan rejects the advice of his assistant. Pelletan admits only of the old methods. He operated, the patient died in his hands.

Other students of Dupuytren pretend that it was not so. According to their statement: a Russian, in 1814, having been shot in the thigh, was brought into the wards of Pelletan. The crural artery was to be tied; in trying to pass an instrument under this vessel, to apply the ligature, Pelletan carried the point of the instrument too deeply and opened the *femoral*; hæmorrhage followed; to arrest it he applied a *ligature en masse*. The patient died. This fatal operation had been performed before a numerous assembly of the surgeons of the Foreign armies.

However it be, Pelletan, by a decision of the counsel of hospitals, was obliged to leave the Hôtel-Dieu; Dupuytren, towards the end of 1814, was appointed Surgeon-in-Chief.

An assistant Surgeon-in-Chief was required, Beclard and Marjolin competed for the place; Marjolin was appointed.

The first day of his entering into office at the Hôtel-Dieu, Marjolin stood in a room, mingling with the students and awaiting the arrival of Dupuytren. Dupuytren appears, and instead of holding his hand to his colleague; "Sir, said he to him, take an apron and follow the visit." There was a vast difference between the intellect of Marjolin and the genius of Dupuytren. Marjolin, discouraged, asked from the counsel of administration of Hospitals, the appointment of surgeon at the Hospital Beaujeon. Very little was ever said of him.

Dupuytren, during long years, reigned alone at the Hôtel-Dieu. He gave such renown to the surgical teaching of that vast Hospital, that all the eminent Surgeons of the whole world accounted it an honor to come and attend his brilliant lectures. His language was clear, concise and simple. He gave proofs of a prodigious memory. I have heard him in one of his clinics cite La Fontaine à propos and with correctness.

Science possesses but very few writings from the hand of Dupuytren. His lectures were collected and published by one

of his pupils, but we do not recognise in them the words of the master.

Dupuytren, of a lofty stature, with a haughty expression on his well-formed lips, inspired respect and fear, like all those who are born with a taste for dominion and the gift of command. But, at the bed side of the patient, he showed sensibility, almost tenderness; we were moved at hearing him utter words of benevolence. This sympathy restored courage to those whom pain reduced to despair; I have often seen the physiognomy of the patients express hope and joy when Dupuytren said to them, with a simple and noble confidence: "I will cure you!" Amongst the people, the memory of Dupuytren is still venerated.

Dupuytren wore invariably a green coat and white waistcoat and blue trowsers. This costume was, so to speak, for many years, a surgical uniform. Mr. Marx one of Dupuytren's favorite pupils, wears it still.

He has left the largest fortune that a surgeon was ever able to make in France, more than four millions. However his large practice was not the only source of his riches. Dupuytren was called to attend the baron James Rothschild, who had been thrown out of his Tilbury. The latter had a serious wound of the head, which Dupuytren was lucky enough to treat successfully. The great financier, in his turn, did all in his power to increase the fortune of the great surgeon. In 1830, when Charles the 10th was compelled to leave France, the baron Dupuytren offered him a million. Dupuytren was unaffected and obliging to all his colleagues, and was opposed and disdainful only to those who aimed at being his equals.

In 1830 Dupuytren had a wish to be a deputy; he offered himself as a candidate for St. Yrieix; he was defeated, and had for a successful rival a country physician, who was himself soon replaced by Mr. Saint-Marc Girardin.

One morning, whilst giving his clinic in the amphitheatre of the Hôtel-Dieu, Dupuytren was attacked with paralysis of one half of the face. He finished his lecture, but from that moment the great surgeon was lost to science and to humanity.

He was advised a journey to Italy which partially restored him. But anxious to resume his labors, he returned and fell, the 8th of February, 1835, a victim to the consequences of his cer-

ebral affection, and to a pleurisy, with purulent effusion. His testament is a master piece of good sense and of high reason ; in these last words, we recognise the man of genius who observed so well the animal and moral man.

Long ago had Dupuytren established at the Hôtel-Dieu a Pathological museum. He left to the Faculty of Medicine of Paris 200,000 francs, for the creation of a public museum which might contain all those specimens, and of a chair for the teaching of pathological anatomy.

Thanks to the care of Orfila and of Mr. Cruveilhier, that savant so modest and so devoted to his useful researches, the Faculty of Paris possesses a museum of pathological anatomy, which bears the name of its creator, the great surgical name of Dupuytren, and which rivals the celebrated Hunterian museum in London.

We have in France a rich museum of sculpture and painting, that testifies to the genius, power and fecundity of human intellect ; Dupuytren has raised a museum which testifies to the painful, miseries of mankind, and to the efforts, so often successful of that great man to relieve them.

Dupuytren's funeral was imposing and solemn. All the savants of our schools and of our academies, all the youth of the amphitheatres and of the hospital, and an immense crowd of people followed to their last resting place the remains of the surgeon of the Hôtel-Dieu.

On the Tincture of Strychnos Nux Vomica. By H. G.
DAVIS, M.D.

In the November number of the AMERICAN MEDICAL MONTHLY, are given several prescriptions of strychnos nux vomica, but there is no mention of the alcoholic tr. of the rasped seeds. This preparation, in my hands, has proved itself preferable to any other for many purposes, but particularly for its power to give tone to the nutritive system. In many forms of dyspepsia, there can hardly be found an individual article to excel it. Its effect upon the cerebrum is as valuable as that upon the alimentary canal, for by its exhilarant

power it overcomes that mental despondency so common in this disease, changing the gloomy melancholy into high hopes of recovery. The mental exhilaration is of itself a promoter of digestion. The old adage of "laugh and grow fat" is founded upon correct philosophy. In costiveness, and piles arising from this cause, the extract (for convenience), combined with the argenti nit., is a most valuable prescription. The strychnos appears to increase the motor power of the muscular fibre, while the nitrate arouses the sensibility of the mucous membrane of the alimentary canal, so that the parts take cognizance of any accumulation of foreign substances and removes them.

The remedy should be given in sufficiently large doses, and so often repeated, that it will, after a day or two, produce a lax state of the bowels, and a sensation of heat about the rectum on going to stool; the dose then may be diminished, and continued in sufficient quantities to give one or two stools a day for several days.

In neuralgia, the alcoholic tr. has been more potent, and a form more readily varied to meet a case, than any other preparation. I have mentioned its exhilarant quality, and it is this power that renders it so efficacious in neuralgia, for there are many cases of the disease in which the pain will subside, while under the influence of mental excitement.

In neuralgia it has been my custom to combine it with morphine, not only for the anodyne effect of the salt, but because it prevents tetanic spasms, that large or often-repeated doses of strychnos will produce.

From observation, I am satisfied that we occasionally fail to relieve this difficulty by not making our remedies of equal power with the disease. As a general rule, I think it is safe to push our remedial agents until we control the pain, or get their specific effect. As an illustration, allow me to relate a case:—Miss F., from Charlestown, Mass., had been severely afflicted with facial neuralgia for some months, and for the last two had not been able to get an hour's quiet rest in the twenty-four. She had received the best medical advice, both in Boston and Charlestown, without obtaining any relief. She was then advised to travel. While on her journey, I was called in the

night to visit her, the pain being so insufferable, although a lady of extreme fortitude. I administered forty drops of the tr. strychnos, with one-sixth of a grain of sulph. morphine, every fifteen minutes, until she had taken five doses; she then remarked that she was becoming easy, and inclined to sleep. She afterwards informed me that she had no more pain for five days, then only slight, and finally recovered, without other medication.

The tr. is valuable for its power to diminish the secretions from the serous and mucous membranes, a power which would indicate it in diarrhœa, and any lax or leucophlegmatic state of the system. Its effect upon the nerves of involuntary motion would render it available in cases of impaired respiration from this cause; also in that strumous affection of the muscle of the heart which results in dilatation.

It has checked the paroxysm of intermittent fever, in conjunction with quinine, where the latter had failed.

It is a preparation of strychnos that will well repay any practitioner to investigate.

623 Broadway, New York.

REVIEWS AND BIBLIOGRAPHY.

“Nullius addictus jurare in verba magistri.”

Transactions of the American Medical Association. Vol. VIII.—The Prize Essay—Statistics of Placenta Prævia. By JAMES D. TRASK, M.D., White Plains, New York.

In several respects we regard this volume as a decided improvement over all its predecessors. It contains several articles of great interest and value. We have been particularly interested in the elegantly written paper, “On the Hygrometrical State of the Atmosphere in Various Localities and its Influence on Health,” by Professor Hunt, of Buffalo; the valuable paper on “Deformities after Fractures,” by Professor Hamilton, of Buffalo; and the excellent “Report on the Diet of the Sick,” by Professor Charles Hooker, of New Haven. We would suggest to the author of the last paper, the pro-

priety of publishing it in a separate volume, for more general circulation, believing that it would be eminently serviceable in correcting many popular errors. But it is of the Prize Essay of Dr. Trask that we design more particularly to speak in the present number of the Journal. We know of no young man in the Profession more deserving of high respect than Dr. Trask. An unassuming, quiet practitioner in a country village, he has won a most enviable reputation from the valuable papers that have already emanated from his pen. His monograph on "Rupture of the Uterus," published a few years since in the American Journal, is regarded by obstetricians in Europe and in this country as the most complete essay that has appeared on this important subject. He must possess a curiously analytical mind, and none who have not themselves made the attempt can form an idea of the amount of labor required in preparing such papers, based as they are on tabular analysis. We hope ere long to see Dr. Trask occupying a field and filling a position commensurate with his ability and his industry. We make these remarks without the bias of personal intimacy, but found them entirely on his public reputation. We doubt not that the Profession will fully endorse the opinion of the Committee on Prize Essays, that the paper entitled "Statistics of Placenta Prævia" evinces an unusual degree of industry in the collection, and an uncommon talent in the arrangement and classification of facts, from which the author draws practical deductions of high value. The essay is accompanied with extensive tables of cases, which ensure its completeness and enhance in no small degree its usefulness.

As our readers very well know, Professor Simpson, of Edinburgh, in 1845, published an elaborate paper in support of a recommendation which he had previously made, to detach the placenta artificially in cases in which it is impossible or inexpedient to deliver by turning. His recommendation is restricted to the following class of cases: "Severe cases of unavoidable hæmorrhage complicated with an os uteri so insufficiently dilated and undilatable as not to allow of version being performed with perfect safety to the mother, therefore in most primi paræ; in many cases in which placental presentations are connected with premature labor and imperfect devel

opment of the cervix and os uteri ; in labors supervening earlier than the ninth month ; when the uterus is too contracted to admit of turning ; when the pelvis or passages of the mother are organically contracted ; when the child is dead ; when it is premature and not viable ; and when the mother is in such a state of extreme exhaustion as to be unable, without immediate peril to life, to be submitted to the shock and dangers of turning or forcible delivery of the infant."

Dr. Trask says, the great success which this method of treatment promised, "led to the early trial of the new practice, and in not a few instances, it was resorted to when delivery by the ordinary means would have been equally efficacious and safe, as when the os was dilatable and the patient in a favorable condition for turning, or even delivery by the unaided efforts of nature. In some instances, turning has immediately followed the entire detachment of the placenta, thus exposing the child, as may be supposed, to unnecessary risk. It is believed, also, that, in our own country, its limitation to certain exceptional cases, to which it was originally recommended as applicable, has been disregarded ; and the new practice is spoken of by many of high general intelligence as one that may be employed indiscriminately with the old practice, or resorted to in any case as a matter of experiment."

For the purpose of ascertaining the value of this new suggestion and comparing it with other modes of treatment, Dr. Trask has collected all the published cases of placenta prævia which he could find in the leading medical journals and in the pages of standard authors, to which he has added several cases communicated to him by physicians in whose practice they occurred. These he has arranged under three heads.

The first table, which occupies thirty-three pages, consists of cases subjected to the various ordinary modes of treatment, embracing recoveries and deaths, and a few cases that died undelivered. The whole number of cases in this table is 251—183 recovered ; 68 died. There were 200 cases of turning ; 141 recovered ; 59 died, or one in three and four-tenths ($3\frac{4}{10}$). The average mortality of cases of turning, according to Prof. Simpson, (London Lancet, 1847, vol. ii., p. 381), is *one in two and nine-tenths* ($2\frac{9}{10}$). In the Obstetric Memoirs of Professor

Simpson, the Editors state, in a foot note, "In the controversy with Dr. Lee, the latter considered that twenty-six of Dr. Ramsbotham's cases ought not to be included in this table. If these, however, be omitted, there will remain 156 cases, the result of which is as follows :—

Table of 156 Selected Cases of Turning in Placental Presentation, the Operation not having been Over-delayed.

Number of Cases.	Maternal Deaths.	Proportion per cent.
156	48	1 in $3\frac{3}{10}$

It will be seen that this result is within one-tenth the same as that arrived at by Dr. Trask.

Of a total of 236 delivered by artificial aid, 172 were saved, and 64 lost, or *about one in three and seven-tenths* ($3\frac{7}{10}$).

Dr. Trask carefully analyses this table in the following particulars, viz.:—The degree of hæmorrhage in different classes of cases ; degree of placental presentation in different classes ; condition of os uteri at time of delivery ; fate of the child ; and management of the placenta. Our limits will not permit us to give the results of the analysis of each of these heads.

Table II. embraces thirty-six cases of spontaneous expulsion of the placenta, prior to the birth of the child. The result is given in but twenty-nine of these cases, two of whom only died, one eight days, the other twelve days after delivery, both from diarrhoea. Of the thirty-six cases, there were sixteen delivered by spontaneous expulsion, one apparently so, three assisted by traction ; in nine the mode was not stated ; seven were delivered by turning.

Dr. Trask infers from a study of this table, that cases in which the placenta is expelled before the birth of the child, as a class, are characterized by a tonicity of the womb and a vigor of uterine contraction, which we do not find in ordinary cases of the accident ; the proof of this being in the large proportion of cases in which delivery is *perfected* by the unassisted efforts of the uterus.

Table III. includes all the published cases in which the placenta was artificially detached by the birth of the child.

According to this table, the mortality after artificial separation is one in four and six-tenths ($4\frac{6}{10}$). The mortality after

spontaneous separation is a trifle less than one in fourteen (1 in 14). The results as to the children are as follows:—15 children were saved, 32 were lost. In sixteen the result is not stated; two were not viable; 1 was undelivered. A trifle less than one in three were saved. There were saved after ordinary modes of delivery one in two and seven-tenths ($1\frac{7}{10}$). Dr. Trask considers “the important fact demonstrated beyond reasonable doubt, that entire separation of the placenta is followed, in almost every instance, by cessation of hæmorrhage, and that, in a majority of cases, the cessation is instantaneous and complete. Furthermore, it does not appear that the operation is attended by any peculiar difficulty, or that it exposes the patient to any especial danger. This knowledge affords the assurance that we have a precious resource, where delivery by other means is inadvisable or impracticable. * * In those instances of rigidity of os uteri, in which the flooding is dangerous and uncontrollable, as according to experience it frequently is, this must prove a most valuable expedient, as is shown by a mortality of 1 in $5\frac{5}{10}$, compared with that of 1 in $2\frac{4}{10}$ after turning. Again, in cases of extreme prostration, in which delivery by turning would be hazardous, and yet the hæmorrhage continues, the detachment of the placenta may be resorted to with almost a certainty of its putting an end to the loss of blood, and *thus affording an opportunity for the natural powers to rally*, perhaps to a spontaneous expulsion of the contents of the womb.”

The following is an abstract of the practical conclusions of Dr. Trask's paper :—

1st. We have shown that, as a general rule, cases in which delivery takes place prematurely are attended with greater risk to the mother than those occurring at the full time, with the exception of those before the seventh month, which rarely prove fatal, in consequence of the undeveloped condition of the blood vessels of the womb at that early period. The probabilities of the child being saved are probably better at full term, though this is not so distinctly shown by our statistics. Hence, if it be possible, cases in which premature delivery is threatened ought to be conducted to the full period.

2d. Most cases of *partial* placental presentation require only rupture of the membranes. By this simple expedient, the

uterus is brought into active contractions, and hæmorrhage restrained within moderate limits, or entirely suppressed, until delivery takes place spontaneously, as occurs in a large proportion of cases, or is accomplished by art. But hæmorrhage, in cases of partial presentation, is not always thus controlled, and our first table furnishes not a few which were attended by most alarming loss of blood.

3d. In cases of complete presentation, if hæmorrhage does not yield to simple measures, and in dangerous cases of partial presentation, early delivery is of the first importance. To select the most favorable opportunity for this is often one of the most critical tests of the physician's skill. To do this before the os has become dilatable is to incur the risk of inflicting serious lesions upon the uterine neck, and a difficult and protracted withdrawal of the child; while, to wait unnecessarily long, is to expose the patient to great hazard from unnecessary loss of blood. The rule should be to wait not for a dilated, but a dilatable condition of the os. The great source of danger in the conduct of cases of placenta prævia is the delay required to permit the necessary dilatation of the mouth of the womb; while waiting for this necessary prerequisite to delivery, exhausting hæmorrhage has often taken place, from the effects of which the patient has never recovered.

With the hope of keeping the bleeding in check during this necessary delay, the membranes may be advantageously ruptured; for we need not, in these cases, fear any embarrassment to delivery from this cause, inasmuch as the uterus is almost invariably relaxed after severe hæmorrhage. The administration of ergot, under such circumstances, in the manner already described, with the view of keeping up a pressure upon the mouth of the bleeding vessels until the os should dilate, is sanctioned by the results of some of our cases in which it was employed; and although not often given, as we judge, with this particular view, it promises to be, in many cases, a valuable resource.

4th. But whatever means may be resorted to for keeping in check the flow of blood while the os is undergoing dilatation, the physician should not leave his patient after that process has begun. Dangerous and even fatal flooding sometimes takes place even when the os is yet undilated, as happened in a case recorded by Smellie.

5th. But in some instances, hæmorrhage will not yield to the means thus far recommended, and the os continues unprepared for artificial delivery. In these cases we may separate the placenta, with the confidence of almost certainly putting an end to the hæmorrhage, and with and almost equal certainty of

destroying the child ; unless the os should permit artificial delivery within a short time after the separation is effected. The urgency of the symptoms in such instances, is sometimes very great, and it must be left to the judgment of the practitioner, in each individual instance, to determine whether to separate the placenta or to wait still longer.

6th. The os may be dilated or dilatable, and the patient in a state of extreme exhaustion. Here, turning could be performed with facility, but delivery would be hazardous. In these cases the placenta may be detached with much less disturbance to the mother than would occur in turning under such circumstances, and an opportunity afforded for the patient to rally before she should be delivered. Table III. affords several instances in which spontaneous delivery took place, after such separation, and the patient recovered. Yet even in these cases, we must bear in mind that children are by no means necessarily destroyed by excessive loss of blood by the mother ; and a resort to the stethoscope would doubtless often prove of great assistance, where in doubt as to the propriety of detaching the placenta. When we have satisfactory evidence that the child is dead, there can be no objection to an early resort to the separation of the placenta.

We have been accustomed to regard the directions for the management of these cases as laid down by Prof. Murphy in his "Lectures on Midwifery" as better expressing our own views, than those of any author that we have met with. We append them, that our readers may see how remarkably they harmonize with the deductions of Dr. Trask's Statistical analysis.

1st. *In a case where no exhaustion has taken place, or where it is but commencing, turn and deliver the child the moment the os uteri is sufficiently dilated. If it be dilatable, (and this is generally the case,) you may pass through it, although it be not larger than a crown piece. If it be not so, by properly compressing the placenta, and using other means to support the circulation, you will prevent exhaustion increasing until you can deliver the patient.*

2d. *In a case of extreme exhaustion, with frequent fainting, fluttering pulse, rapid, labored, perhaps stertorous respiration, blowing of the cheeks, jactitations, incoherent and general pallor and coldness of the surface, do not attempt to turn the child ; rather separate the placenta, and leave the child undisturbed, until some decided reaction takes place. I am aware that this rule is a direct infringement on the principle of those*

who look with horror on the risk of allowing a woman to die undelivered. It appears to me to be the only chance of preventing her death.

3d. *When the os uteri is rigid*, use every means to compress the placenta, and to increase the action of the uterus, so as to give it time to dilate, and to enable you to turn; but if hæmorrhage so increase as to cause a dangerous degree of exhaustion, separate the placenta, rather than force your hand and arm into the uterus.

We regret to add that there are a few typographical errors in this essay.

On page 640, near the bottom, read "45 cases complete or 21 per cent partial."

On page 664 near the top, for 9.5 and 6.5 read as on page 640, 10th line.

On page 675, fourth line from bottom, for 37, read 35 per cent. and for 23, read 21 per cent.

B. F. B.

Professor Dalton's Introductory Letter.

This is a discriminating and student-like performance, its subject being the methods which should be adopted in the study of medicine. It specifies the objects and the limits of the different departments of medical science, and the order in which these should be studied.

In his remarks upon the methods of studying *anatomy*, Prof. Dalton holds the following language in regard to the use of the microscope, and to chemical manipulations. We quote them with pleasure, as they illustrate a distinction between actual anatomy on the one hand, and two correlated sciences on the other, which is very generally overlooked.

"In pursuing this and similar examinations, we must keep clearly before our minds the object we have in view; and always remember the distinction that exist between the real subject of our study, and the means used in its examination. Let us not commit the error of regarding our subjects as different because our methods of investigation vary. Thus, when we use the microscope in examining the body, we are not studying optics, but anatomy—we are not even pursuing a branch essentially different from ordinary anatomy, but are merely using an instrument, to gain the same information with regard to the

smaller anatomical forms that the naked eye gives us with regard to the larger. So the chemical manipulations used in examining the body are to be regarded as anatomical instruments only, of another sort ;—and they may be used alternately, in chemistry or anatomy, according to the object we have in view. Thus when the chemist takes fibrine, and examines it as an isolated body, without reference to its origin or physiological destination, as he might examine sulphuret of iron or carbonate of magnesia ; when he separates its ultimate elements and ascertains how much oxygen, hydrogen, carbon, and nitrogen it contains ; when he learns what are the results of boiling it with potass, or decomposing it with sulphuric acid,—then he is studying chemistry, and not anatomy or physiology ; for his whole object and aim in examining the substance, is the investigation of its purely chemical phenomena. But when he examines fibrine in its relation to the organized frame, when he endeavors to learn under what form and in what quantity it exists in the blood, what are its properties while circulating in the vessels, and what are the modifications of these properties in different parts of the body ; then he is studying its anatomy, and not its chemistry. For the chemical operations to which he has recourse are resorted to, in this instance, simply as a means and not as an end.”

Upon his favorite department—*Physiology*—Prof. Dalton has the following remarks :—

“The characters which distinguish this branch from the preceding, are well defined and important. Anatomy is the description of the body in a state of rest. Physiology is the description of it in a state of activity. We see, then, that the order in which these branches are arranged is not an arbitrary one, but natural and necessary. One must precede,—the other must follow. It is so with all the departments. But it is important to bear in mind this fact :—that *although the first is always a necessary preliminary to understanding the second, the facts of the second cannot be, in the least degree, inferred from those of the first, but must be studied by themselves.* Thus, chemistry is essential to anatomy, because certain substances, belonging to chemistry, such as chloride of sodium, occur as constituents of the human body. Chemistry teaches us the composition, reactions, mode of crystallization, solubility, etc., of chloride of sodium, and if we did not know these we could not extract it, or recognize it when extracted from the body. But if we knew its chemistry ever so well, we could not, on that account, *infer* its presence as a constituent of the body, nor in what quantities, nor in what situations it would present itself. These facts

must be ascertained for themselves, as a part of anatomy proper. So, again, the structure of the body in a state of rest, or its anatomy, is to be the first understood; but its active phenomena, or its physiology, must then be ascertained by direct observation and experiment. No knowledge of anatomy, however minute and thorough, could ever teach us that the muscular fibre was contractile, or the nervous filament sensitive. Those bodily phenomena, even which are purely mechanical in their nature, require the same direct examination. The *structure* of the heart may be learned by dissection; its rythmical and complicated movements baffle all a priori hypotheses, and must be actually *seen* to be understood. This is not because they are at all obscure or mysterious in their *nature*; for they are as I have already said, purely mechanical in character; but because their conditions are so peculiar, owing to the tortuous course of the fibres, their arrangement in interlacing layers, their attachments and relations, that their combined action produces an effect altogether peculiar, and not similar to that which is observed anywhere outside the living body. Many of the phenomena of life are chemical in their character; There are combinations and solutions, decompositions and re-compositions; but these, again, cannot be inferred from any previous chemical knowledge, but must be ascertained by themselves, as they take place in the organized frame. No other plan of investigation will succeed, because many of these reactions do not take place, and cannot be made to take place anywhere else. This, again, is not because there is anything particularly mysterious or extraordinary in their nature, but because the conditions, necessary for their accomplishment, are met with in the body, and not elsewhere. A difference in the surrounding conditions will modify the simplest chemical phenomena. If a hot concentrated solution of sulphate of soda be allowed to cool in contact with the atmosphere, it crystallizes; covered with a film of oil, it remains fluid. Sulphur, which solidifies at a temperature of 232° , crystallizes in oblique prisms; below that point, it crystallizes in rhombic-based octahedra. It is plain, then, that we cannot foretell, from our knowledge of the chemical reactions of a substance outside the body, what will be its reactions in the body; since the conditions under which it is placed are new.

Ferro-cyanide of potassium and perlactate of iron, by mutual decomposition, produce Prussian blue. But if the lactate of iron, be injected into the right jugular vein of an animal, and ferro-cyanide of potassium into the left, so that they may meet in the blood, no Prussian blue is produced. The serum of the blood holds both salts in solution, and yet they do not act on

each other ; because there exists also in the serum an organic substance, which by its presence prevents their usual reaction. If this organic substance be destroyed by a few drops of sulphuric acid, then the two salts are at liberty to act on each other, and the Prussian blue is immediately produced.

If a solution of cyanide of mercury be injected into the femoral artery, it returns unchanged by the femoral vein, and the animal suffers no inconvenience. But if injected into the vein, and carried through the heart to the lungs, it destroys life in less than a minute ; because in the tissue of the lungs it meets with a substance by which it is decomposed with the production of hydrocyanic acid, that poisons at once the nervous system, and stops the action of the heart.

Such facts as these give us an idea of the peculiar delicacy and complexity of the phenomena which we meet with in studying Physiology. Singular as it may seem, there is a tendency in some minds to ignore this complexity in the phenomena of life,—to push it out of the way, and cover it up, as if it were a stumbling-block in the path of science, instead of being, as it is, an essential fact, to be recognized and studied like any other. I could name more than one physiological writer, whose whole endeavor seems to be to reduce science, as it were, by force of arms, to a series of simple propositions, which do not express its real character. They attempt to square physiology on the pattern of other sciences, instead of taking it as it really presents itself, and in studying it as chemistry and physics, they forgot to study it as physiology. A single example will make my meaning in this respect more easily understood. It is well known that a certain amount of sugar is constantly introduced into, or produced in the body ; and that as it enters the blood, it is destroyed and disappears as sugar, passing through a series of transformations, the details of which are not altogether understood. In diabetes, this sugar, for some cause or other, is not destroyed as it is in health, and accumulates in the blood—making its appearance, consequently, in some of the secretions. Some years ago, the chemist Mialhe observed that when sugar was boiled with a solution of potass, it was destroyed under the influence of the alkali, losing the properties of sugar, and becoming converted into a brown substance, known as malassic acid. Observing also that the serum of the blood was alkaline, he concluded that it was by this alkali that the sugar was naturally destroyed in the circulation ; and that when the alkalescence of the serum, from any cause, was insufficient, all the sugar could not be destroyed by it, and therefore accumulated, producing the condition of Diabetes. He observed, in this instance, what took place in the test-tube, and

from that inferred what took place in the blood—forgetting by some inconceivable fatality, the essential difference between a solution of caustic potass, at the temperature of 212° , and the slightly alkaline blood, composed of twenty different ingredients, at the temperature of 100° , and circulating in the vessels of the living body. His conclusion was worthless, as the expression of physiological fact, for the simple reason that, in the body, the sugar is *not* boiled with caustic potass, but is subjected to other influences. The destruction of sugar by boiling potass, on which he based his theory, is a purely chemical fact, of a certain degree of importance, and extremely interesting to know; but it is not a physiological fact, and he was not, as he supposed, studying physiology.

Let us not, then, commit the mistake too commonly made, of taking it for granted that things will be in the body as they are in the test-tube and crucible. We cannot tell whether they will be so or not, until we look and see. If we persist in regarding the organized frame as a furnace or a filtering-jar, and its actions as identical with combustions and filtrations, we may amuse ourselves with introducing into physiology an imaginary simplicity, but we shall make no progress in positive knowledge. If we wish to study the structure and growth of sea-weed, we do not look for it in fresh water. If we wish to study the functions and phenomena of life, we must search for them in the living body, and in the living body alone—take them as they are, and not compare them with other things which are dissimilar."

We would also transfer some of his remarks upon Pathology, did our limits permit. We object to the assertion that "physiology throws no light on pathology;" though we admit that it "brings us up to the threshold of pathology;—it does not carry us over it." It is true that "the pathologist must study the body in disease, just as the anatomist and the physiologist have studied it in health." But since "a disease is only a morbid condition of the functions, as health is a natural condition of the functions"—and since no *new* functions are developed in disease but only those with which the physiologist has become familiar—it seems to us that some light is thrown upon pathology by physiology, and that it would not be "a necessary preliminary" to the extent insisted upon, were it not for this very fact. Provided, however, the student is really induced thoroughly to study physiology before he enters upon pathology, it may not be to him a matter of importance how this point is decided.

We consider Prof. Dalton eminently qualified for the study of disease in the way he indicates—and which the present state of science demands.

Prof. Dalton explains the fact, that physicians now give less medicine than many years ago as follows:—

“This is not, as I have already intimated, because they have lost, in any degree, their confidence in the power of drugs, but because they have become convinced that the previous methods of investigation were, to a certain extent, erroneous, and not likely to produce a satisfactory result, so long as every unknown disease was at once attacked with the multitude of unknown remedies, the operation of which tended rather to perpetuate our ignorance than dispel it. Now, retracing our steps as far as they have been made in a wrong direction, we are endeavoring to attain the same end by a different and more practicable route. We now feel the necessity, on undertaking the care of a patient, of making our *diagnosis* clear and complete, including every circumstance that shall throw light on the actual condition of the patient. This is, at present, the most important work that the practical physician has to do; and it is his way of doing it that more than anything else distinguishes the good from the inferior practitioner. That done, his next object is to be sure and not to injure the sick man by unnecessarily meddling with him, or by allowing him to be exposed to accidents and imprudencies that would tend to aggravate his original difficulties. Beyond that, he uses few drugs, because what he does employ he wishes to use in an understanding manner, and with his eyes open—not blindly, or at hap-hazard.”

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On the Organic and Functional Diseases of the Stomach. By GEORGE BUDD, M.D., F.R.S. S. S. & W. Wood. 1 vol. 8vo. pp. 283. (From the Publishers.)

This volume consists of sixteen lectures, most of which appeared in the London Medical Gazette, at intervals, from 1847 to 1854; and which are now republished with such additions and corrections as the author's subsequent experience has suggested.

The first two lectures are upon the difficulties attending the study of stomach disorders, and on post-mortem softening and perforation of the stomach from the action of the gastric juice.

He finds perforation to occur only at the left extremity of the organ, where it is thinnest ; and that the two following conditions are essential to its production : 1st. that the stomach shall at death contain a certain quantity of gastric juice, or at least of muriatic or lactic acid, and this is most likely to occur in healthy persons killed by accident ; and, 2d, that the stomach shall be kept, for some hours after death. at the temperature required for artificial digestion.

The next eleven lectures discuss the various organic diseases and functional disorders of the stomach. Of the former, congestion, inflammation, ulceration, and cancer, are considered. Of ulceration, he specifies three forms—perforating or simple ulcer of the stomach ; perforating ulcer of the duodenum ; and minute superficial ulcers of the stomach. Dr. Budd has had positive proof that simple ulcers have healed under the treatment he recommends, viz.:—1. Milk and compounds of milk and farinaceous substances, for diet. and in quantities not sufficient to distend the stomach. 2. If there are sour cructations or vomitings, he advises from five to ten grains of tris-nitrate of bismuth a quarter of an hour before each meal, and a dose of magnesia at night. If there is much irritability of the stomach, small lumps of ice allay it ; and if the pain at the stomach is harassing, and the nights restless, crude opium in pills is best. For constipation, he uses an aloetic or a compound colocynth pill. If hæmorrhage from the stomach occur, ice, swallowed and applied to the epigastrium, rest in the horizontal position, and the oil of turpentine, ten to twenty minims in cold water, repeated according to the urgency of the symptoms, are recommended. This plan must be pursued, so far at least as the diet is concerned, for weeks, and in some cases for months, till all the symptoms of ulceration are removed.

Of the functional disorders of the stomach, the author treats of sympathetic irritation, deficient secretion of gastric juice, fermentation in the stomach, with development of *sarcinæ*, indigestion from deficient action of some excreting organ, and peculiar forms of it, as in drunkards, &c.

The fourteenth lecture discusses the symptoms of stomach disorders ; and the last two, their appropriate remedies.

Dr. Budd has enjoyed ample opportunities for investigating

the symptoms and the treatment of the diseases mentioned, as one of the physicians of King's College Hospital. His former work on the liver established his reputation as a writer, and the present work, though not by any means exhausting the subjects of which it treats, is a valuable practical treatise.

E. R. P.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M. D., Secretary.

Nov. 14.

Dr. Isaacs presented a *prostate gland*, with the bladder and several lymphatic glands, which had undergone encephaloid degeneration. The bladder, in the neighborhood of the prostate, was degenerated, and along the iliac vessels and aorta the lymphatic glands were enlarged, some of them to the size of a pigeon's egg. The mucous membrane of the bladder was eroded, and the capacity of the organ diminished. The symptoms presented by the case were these: About five years ago the patient began to complain of dyspeptic symptoms, with debility, lassitude, slight pain over the bladder, and difficulty in urinating. About two years ago these symptoms increased much in severity, and the urine became bloody, sometimes a large quantity of blood being passed. This state continued, without any other symptom worthy of note, until death, when the encephaloid disease above described was discovered.

Dr. Finnell presented the *stomachs of two patients* who had died of acute gastritis, caused by irritating ingesta. The first was that of a boy, who, while playing in the streets with his two little sisters, found a plate containing some food, of which they ate. In one hour after, the boy was taken with thirst, violent vomiting and purging, and great prostration, which in the course of seven hours destroyed his life. The girls were likewise affected, but recovered. Upon examination it was found that the substance eaten was arsenic, mixed with indian meal and molasses. An *autopsy* showed the stomach not much inflamed, except at one point, where the mucous membrane was destroyed from intense inflammatory action. *Dr. Finnell* has seen seven or eight cases of arsenical poisoning, and in all of them the fatal issue has occurred in about seven or eight hours.

The second case was that of a woman, who had died from poisoning by eating soup made from mutton which had been kept cooked in the house for five or six days. The entire family, consisting of five persons, were poisoned ; all except the mother recovered. After eating the soup, the patient vomited and purged violently, and died in a collapsed condition. The tongue throughout the attack was white. *Autopsy* showed the mucous membrane of the anterior wall of the of the stomach healthy, and the posterior thickened and softened. Along the course of the vessels there was a deposit, which Dr. Finnell thought to be fibrinous, but Dr. Clark regarded rather as a deposit of fat, and not morbid. The subject appearing one of considerable interest, Drs. Finnell and O'Rorke were requested to collect and report at a future meeting all cases which they could find bearing upon it.

Dr. Finnell then presented the *intestines* of a child, born at full term, in which the rectum was obliterated for two inches ; the obliteration commencing at half an inch from the anus, and extending upwards, joined the intestine above, which was dilated into a stomach-shaped cavity.

Dr. D. S. Conant presented a *bladder* and *calculi* removed from a boy aged four and a half years, the account of whose case is this : About fourteen months ago he had swelling and pain in the glans penis and scrotum, with dysuria, impairment of appetite and sleeplessness, and a little pus at that time passed with his urine. These symptoms continued to exist, and on the 2d of October last he was placed under the care of Dr. Banks, who, upon examination, determined the existence of a stone in the bladder : a second and third examination failed to confirm this diagnosis, but a fourth again discovered it. A day was not fixed for the operation, but the preliminary examination again failing to detect the stone, it was postponed. In the meantime the little patient was attacked by scarlet fever and died. For seven days before death he passed offensive pus by the urethra, and complained of pain over the hypogastrium. *Post mortem examination* showed the existence of an abscess lined by pyogenic membrane, which communicated with the bladder, by an opening half an inch in diameter on its left anterior portion, and extended downwards nearly to the urethra. Two calculi were found in the bladder, one smooth, about the size of a filbert, the other rough, and about the size of a peanut. Dr. Conant believes that there were three calculi in the bladder, but that one escaped into the abscess and was lost.

Dr. C. M. Allin presented a *monster*, in which were united all the elements of foetal development, but which was acephalous, without superior or inferior extremities, and otherwise singularly deformed. In the upper part, the eyes and nose could be recognised (or rather points which were apparently rudiments of those organs), and hair and teeth were apparent; at its centre an umbilical cord was found attached, and at the inferior extremity of the mass a foot with great toe and heel existed. The Doctor, while riding near the village of Flushing, was called to assist a German woman, who was in labor with a child whose arm presented. He at once turned and delivered. The operation was difficult, as the waters had escaped some time previous, and the infant was still-born. Upon questioning the woman subsequently, he was informed that this was her fourth labor, that she had been twice delivered with instruments, and that on that morning she had given birth to a child with two heads, which, being examined, proved to be the specimen presented. It was referred to Dr. Isaacs for examination.

Dr. Alonzo Clark presented the *heart* of a child, whose history is as follows:—Up to eight or nine months of age nothing worthy of note appeared in it, but at that time cyanosis developed itself, and dyspnœa, which came on in paroxysms, was observed. In this condition it lived until it arrived at the age of two years and seven months, when an attack of dyspnœa proved the immediate cause of death. On *post mortem examination*, the heart was most singularly malformed. Between the auricles, two openings existed; one appeared like the unclosed foramen ovale and the other resembled a divided valve. The left ventricle was large and strong, and the auriculo ventricular opening closed only by half a valve, one curtain of the mitral valve being imperfect and not aiding in the prevention of regurgitation. The right auricle showed no opening into any ventricle; the blood went from it into the left auricle, then into the left ventricle, and then into the aorta. A quasi septum formed the wall of the sinus which was a substitute for the right ventricle; from it passed out the pulmonary artery, and through a minute opening through its septum passed a small portion of blood. The pulmonary arteries, as far as could be learned, were pervious, the veins normal, the thymus gland large, and the spleen of usual size. Through the small opening in the septum of the right ventricle only about one-tenth of the whole volume of blood in the circulation could pass, and this small amount was consequently all which was aërated with each systole of the heart.

Dr. Clark then showed several specimens of *ulceration of Peyers and Brunners glands*, the result of *typhoid fever*. In one the disease had lasted three and a-half weeks, in another seventeen days, and in a third it had existed for twenty-three days; from the last the patient was recovering when, in walking, he fell, and caused a rupture of the intestinal walls and death. In past years he remarked, each autumn has brought with it a few scattered examples of typhoid fever, and its consequence, ulcerated glands, but this year all autopsies made of patients dying of fever at Bellevue Hospital have revealed this lesion.

Dr. Cock stated that two fatal cases had occurred this year at the New York Hospital, in one of which the immediate cause of death was hæmorrhage from the intestines, and in the other perforation.

The point to which *Dr. Clark* desired to call attention was this, that the type of fever is now fast changing from typhus to typhoid, and that soon the former, which for nine years has reigned, will give place to the latter. Some years ago a famine occurred in Ireland, and with the increased immigration, which it caused to America, came typhus fever, which did away with the existing typhoid. In time it died out, and again typhoid appeared; but the famine of 1846, with the exodus to which it gave rise, renewed the disease, and for nine years it has held its own; now again, however, it is disappearing, and the original type will resume its sway until a similar cause arises to displace it.

Nov. 28. *Dr. Detmold* showed a tumor about the size of a walnut, composed of a red, soft, and yielding tissue, which had been removed from the ramus of the inferior maxilla, and which, examined with the microscope by *Dr. Dalton*, proved to be colloid in its nature. It had formed a protuberance both internally and externally, and by causing pressure upon the bony tissue, had produced almost complete absorption of that portion in its neighborhood, only a few scattered spiculæ remaining around the tumor. Upon making an incision, the knife passed directly through, meeting with no obstruction from the maxilla. The only symptom of malignancy which it had presented was its very rapid growth.

Dr. C. D. Smith presented a specimen showing a stricture of the urethra surrounded by an extensive abscess in the perineum, disease of the prostate, hypertrophy of the bladder, dilatation of the ureters and pelves of the kidneys, with pyelitis, the result of the stricture. History of the case:—On the 16th of November, the patient, a man of moderately good constitution, aged forty years, entered Bellevue

Hospital, presenting these symptoms. The pulse was accelerated, and there was much constitutional disturbance ; the scrotum, peritoneum, and parts above the pubis, were distended, œdematous, and appeared red and inflamed. Upon inquiring into the previous history of the patient, it was found that when a child he had sustained an injury in the perineum and had ever since urinated with some difficulty ; during the past few weeks this had been much exaggerated, and the stream of urine had gradually diminished in size until it was passed “guttatim,” and gave rise to great distension of the bladder. The case was regarded as one of laceration of the urethra, and the treatment adopted by Dr. Smith was this : The first step was to make free incisions into the œdematous parts, including those above the pubis, the scrotum, and perineum, which gave exit to a bloody fluid smelling strongly of urine ; the second was to introduce a catheter into the bladder, in the accomplishment of which, however, he was foiled until he incised the prepuce, the elongated and œdematous condition of which interfered with the passage of the instrument. He then passed in a No. 7 metallic catheter ; about two inches from the meatus a spasmodic stricture was encountered but soon overcome : not so, however, one of organic nature met with at the membranous portion, which could not be passed even by the smallest instruments. It was now imperative that the contents of the bladder should be at once evacuated, and accordingly a No. 7 catheter, being carried down to the stricture, an incision was made upon it in the median line, the point of the instrument exposed, and the incision continued on towards the bladder ; a gush of $\frac{3}{4}$ vi of urine came from the wound, and was followed by considerable blood. The surgeon now proceeded to pass a small bougie into the bladder, and, as he thought, succeeded, but as the patient appeared exhausted, and expressed himself relieved from the desire to urinate, he thought it advisable to let him rest for the night. At nine o'clock the next morning, patient was found in a low typhoid state ; the œdema had subsided, and fluid (probably a mixture of serum and urine) poured freely from the wound. A female catheter was now passed into the bladder (as it was thought) and secured ; urine passed freely through it. During the night of that day, the patient died, and on *post mortem* examination, it was found that no opening had been made into the urethra behind the stricture, but that an abscess had been opened, and that the catheter passing through this, had been lodged in the areolar tissue of the part. No rupture of the urethra or bladder could be anywhere discovered.

Dr. Finnell presented a testicle removed from a boy fifteen years of age, at St. Vincent's Hospital. The boy from infancy had had swelling of this testicle, which, at intervals of every two or three years, formed an abscess which would discharge itself and then heal again in a short time. About two weeks ago he entered St. Vincent's Hospital with an ulcer on the scrotum, through which protruded a fungous growth, and from which pus was discharged. A consultation was held upon the case. Some of the surgeons present thought that the patient should be placed upon anti-scrofulous treatment, and the part left untouched, while others thought that the probability of the frequent recurrence of the difficulty rendered extirpation advisable. In accordance with the latter opinion, *Dr. Finnell* removed the testicle, which, upon examination, presented the following appearance: Upon the external surface were seen little eminences resembling tubercular deposits, but which, upon examination, were found to be particles of degenerated fibrin, and within the mass there existed a small abscess, which contained pus, and communicated by a fistulous orifice with the external surface, through which its contents were discharged.

Dr. Finnell then presented a portion of the spinal column of a boy nine years of age, in which an abscess, the result of acute periostitis, had been found raising up the periosteum at a level with the third lumbar vertebra, and pressing upon the canal. History of the case: The boy, while at play, was "standing upon his hands," his body and legs being poised in the air, when one of his companions, seizing his feet, had suddenly jerked him backwards, and kicked him several times in the lumbar region. The injury inflicted caused him so much pain, that he had to be assisted home, and that night had an attack of convulsions. On the next day he complained of violent pain in the back, and the convulsions recurred. Leeches were applied to the part, and other appropriate treatment instituted, but the convulsions continued up to the eighth day, when death supervened. On *post mortem* examination, the abscess above mentioned was found encroaching upon the spinal cord, none of its contents being admitted into the canal, but its walls keeping up steady pressure upon it. No deformity could be observed externally except a slight prominence, caused by exuded lymph, which was perceptible to the finger. Throughout the case paralysis was looked for, but did not occur; delirium was constant.

Dr. Livingston showed a still-born foetus of full term, in which the occipital bone was absent, and from the deficiency thus formed and

from a similar one in the upper part of the spinal column there depended a large sack of clear, limpid, fluid, about one quart or more in amount. He regarded it as a rare species of spina bifida, but the larger part of the deficiency being in the occipital bone, he was not certain whether or not it could be thus classed. Dr. Detmold remarked that he had never before seen so marked a case of spina bifida which was unconnected with some other congenital deformity, as club foot, cleft palate, webbed toes or the like. Dr. Markoe's experience coincided with this, and he mentioned an example in the museum of the N. Y. Hospital, in which several of these deformities, together with a double rib, exists. Dr. White asked whether there had been intermarriage in the family, as he had observed these deformities to follow it. Dr. Livingston was not aware of there having been any. The delivery of this foetus was invested with some interest, and the Dr. related it thus ; at two P. M., on Monday, he was summoned to the mother, who had suffered the pains of labor since nine o'clock that morning. Upon his arrival the pains were severe, the abdomen much distended, os uteri dilated about two and-a-half inches, and through it protruded into the vagina a large bag of waters, which prevented the presentation from being recognized. He soon ruptured the membranes and a pailful of fluid was discharged, which caused great faintness in the woman, from which she did not fully recover for half an hour, the pains which then came on were weak, but the head soon came down, and the right ear could be distinctly felt as the presenting point. He now endeavored by manipulation to produce a vertex presentation but failed to do so, and the head descended in this way until the chin came under the pubis, when the face was found to present ; the delivery then proceeded with some difficulty. The child being detached, he made a vaginal examination and found the placenta nearly out of the vulva, but above it discovered a round hard tumor to which the membranes (but not the placenta) adhered, and which upon being irritated was observed to contract ; this was soon determined to be the uterus, which was in a state of inversion. Peeling off the membranes he grasped the tumor firmly in his hand, and making firm concentric pressure at the same time that he pushed it upwards, he was soon enabled to restore the organ to its normal position, after which all progressed favorably.

Dr. Minor presented a specimen showing a rupture in the *vena cava ascendens* about half an inch above the iliac bifurcation, of which the history is as follows :—*Dr. Cochran* of Brooklyn, was suddenly

called on the 27th of November to a woman in the 5th month of pregnancy, who, while dancing at a ball, had suddenly fallen to the floor and expired. A post mortem examination was held, and revealed the lesion just mentioned. Into the peritoneum, had escaped about a basinful of blood, which had formed into clots. Dr. M. regarded the case as very rare, and thought that very few of a similar nature were on record.

Dr. *Hutchinson* showed a tube of false membrane ten inches in length, which had been passed from the *rectum* by a patient laboring under an attack of dysentery, which presented nothing in its symptoms worthy of special note. From the time of the casting off of this tube, the patient had improved. Dr. Clark had suggested that instead of false membrane it might be a portion of the intestine itself which had sloughed from intersusception, and Dr. Sayre mentioned a case of which he was cognisant confirmatory of this view. Dr. Clark had never seen false membrane expelled in dysentery similar to that before him, but had repeatedly seen shreds of false membrane cast off, in which organization was less advanced, and in this connection he showed a quantity of false membrane cast off by a lady forty-eight years of age, who appeared to possess within her an exhaustless manufactory of the material, which was expelled irregularly at monthly or semi-monthly intervals. Examined under the microscope, cells are seen in it held together by a byaline membrane; some of the cells are elongated, as if in the process of forming fibres, and probably if retained for a sufficient length of time in the intestine would do so.

Dr. *Markoe* showed a foot in which the vessels were injected so as as to make evident the existence of *extensive nævus* in the sole. All the veins and the anterior tibial artery were much enlarged; the posterior remaining of normal size. The patient from whom the part had been removed was a young German, who entered the N. Y. Hospital with a callous ulcer on the the sole of the foot of five months standing. Upon admission he was submitted to the most approved method of treatment for ulcers, but without any improvement. Suddenly the ulcer began to bleed, but the hæmorrhage soon ceased; in a short time however it recurred, and continued to do so at intervals until operation was resorted to. So serious was this hæmorrhage that Dr. M. once saw it flowing in a streams as large as a crow quill. These developments in the case, at first regarded as of no peculiar interest, incited closer investigation when it was found that the disease was characterized, 1st, by a fulness in the plantar region which the patient asserted had existed for a long time, and which was diminished

by pressure upon the arteries above ; 2d., by a blueness and tenderness of the integuments and a peculiar boggy feel upon touch, and 3d., by a thrill which was evident to firm pressure and could be checked by stopping the arterial circulation at any point above. For the cure of the case exsection had been proposed, but as soon as the true nature of the disease was appreciated, it was rejected ; ligature of arteries was then proposed, but rejected, 1st., because the general enlargement of the vessels would have called for ligature of the popliteal or femoral arteries, and 2d., because experience has proved that ligature of arteries for this affection in the extremities is far less successful than on the face. Amputation, then was the only resort, and was accordingly performed.

Dr. Clark showed the *sexual organs and rectum* of a female who had come under his notice in Bellevue Hospital in the following condition : the perineum was almost entirely destroyed, a band of cutaneous tissue which stretched from side to side, being the only thing which divided the vulva from the rectum. The whole had sloughed away, whether from syphilis or not is uncertain, for although syphilitic ulcers existed they were not phagædenic in character ; the probability was that the slough had occurred in consequence of an operation for fistula in ano which had a short time previous been performed upon her. A short time before admission into his service, the patient had complained of severe pain in the abdomen which was followed by free discharge of pus from the vulva and then by hæmorrhage. It was just after this that she came under his notice : he was forced to make rather a hasty examination, but succeeded in discovering the following state of things ; in the space between the vagina and rectum there was a pouching down of a kind of tumor whose anterior surface was covered by a mucous membrane, which was recognized as the posterior wall of the vagina. This pouch passed down into the vulva and into the space once occupied by the perineum ; its wall was perforated by a small hole, up which a probe could be passed for a distance of six inches and radiated on its axis at the point of entrance, as if in a large cavity. On intervals hæmorrhage occurred "per saltem," as was stated by those who saw it, but *Dr. Clark* was disposed to believe that this phenomenon was caused only by the contraction of neighboring muscles, and not by arterial action. To restrain the hæmorrhage styptics were employed, and they not succeeding, *Dr. Smith*, then on duty in the surgical wards, was called in, but all efforts at arresting it proved ineffectual, and the patient bled to death.

On post mortem examination, an immense purulent cavity was dis

covered filling the entire space between the vagina and rectum ; its walls had become gangrenous, and from some portion of them it was that the hæmorrhage had occurred, though the exact point could not be determined. Just below the orifice in the vagina, just mentioned, there was found another of small size which also communicated with the cavity. Dr. Clark expressed the opinion that the occurrence of such violent hæmorrhage from gangrene attacking the walls of an abscess is very rare.

Dr. Clark then presented the *brain* and its *membranes* with the portion of the *spinal cord* of a woman who died of *cerebro spinal meningitis*, in the Marine Hospital, Staten Island. The specimen together with a history of the case was sent by Dr. Elisha Harris, the resident physician, of whose notes the following is a summary. On the 15th of Nov., an unmarried German woman aged 23 years, of leuco-phlegmatic temperament, and of previous good habits, was admitted to the hospital with acute articular and muscular rheumatism. Her countenance was observed to wear a peculiar expression (which in the notes is described as "drunken") and the surface of the body was œdematous. She complained of no headache, the intellect was clear, and the pulse only 88, but quick and full ; the secretions were scanty ; urine free from albumen or other abnormal constituent. The treatment adopted was that of rheumatism, viz, acetate of Potash \mathfrak{z} l every fourth hour, with alkaline and opiate lotions to the joints. This was continued up to the sixth day, when the patient's countenance becoming more drunken, the mind more languid, and the bowels relaxed, it was deemed advisable to direct attention to the nervous system, although the diagnosis of the disease was as yet only surmised, accordingly opium gr.i, and quinine gr.iii, were administered every fourth hour. On the 8th day spasmodic contraction occurred in all the flexors of the extremities, and intense pain existed upon pressure along the spinal column throughout its whole extent. Ordered cups along the spine and continue opium and quinine. On the ninth day all the symptoms became aggravated and the urine and fœces passed involuntarily. On the tenth day she sunk into collapse and died comatose.

At the antopsy there was discovered fluid under the meninges of the cord throughout its whole extent ; the meningeal covering of the medulla was injected in spots, more especially so at the level of the last cervical, and four upper dorsal vertebrae, where fibrinous exudation and considerable extravasation from the vessels was likewise observed. At the base of the brain was about one \mathfrak{z} of serum and some exudation

of fibrinous material. The heart was fatty and much enlarged, its weight being estimated at ten pounds. Of the kidneys the Dr. says, they "were inadvertently returned to the coffin unexamined. It is not presumed that they were diseased unless degenerated like the liver."

CHRONICLE OF MEDICAL PROGRESS.

A case of Ovarian Tumor, complicated with Ascites, cured by the large Abdominal Section and Injections into the Cavity of the Peritoneum.
BY E. R. PEASLEE, A. M., M. D., Professor of Surgery, &c.

MARY JANE T——, aged 26, a member of the community of Shakers in Enfield, N. H., was first visited by me, on account of a dropsical affection, on the 17th of February, 1854, in consultation with Drs. J. Clough and S. G. Wood, of that town.

The patient was of a sanguine temperament, strong and vigorous when in health (weighing about 150 pounds), and had been accustomed to active labor, especially to dairy work. She had never suffered from any disease, except some degree of indigestion and a slight cutaneous affection.

About three years ago (March, 1851,) she first noticed a general fulness of the abdomen, the left side being somewhat largest, though she has never felt any distinct tumor. During a febrile attack of a few days, the enlargement had diminished, but soon increased again. She had never had pain in the left side, except when it could be attributed to the action of cathartic medicine, and this kind of remedies had not had any effect to diminish the size.

In the autumn of 1851 she took calomel (by the advice of Dr. J. Dyer) to salivation, and this was repeated by turns for six months, during which time the enlargement somewhat diminished. No medicine was taken during the fall of 1852 and the following winter. From February to May, 1853, the patient was under the care of Dr. R. J. P. Tenney, of London, N. H., who advised the application to the abdomen of the iodide of potassium in solution, and bandaging, with mild cathartic remedies. She has, however, constantly increased in size.

There has been but a small quantity of urine for three years past, unless when the kidneys were excited by diuretics. The iodide of potassium has had the best effect; and next, nitrate of potassa with

gin. But no diuretic has produced any decided effect during the past year, the urine having averaged not more than eight ounces in twenty-four hours. The skin has always been in a good condition.

The appetite is usually good ; the breath has been constantly affected by the pressure of the dropsical accumulation during the last six months. She has slept well, lying on either side, but not on the back, till since she was tapped, five weeks ago, by Drs. Clough and Wood, who removed nineteen and a half pounds of a thick, ropy fluid, of a greenish straw-colour. She kept her bed a week after the operation, had no inflammation, and was much relieved by it. The circumference of the abdomen, before the tapping, was fifty inches, and only a part of the fluid (probably less than one-half) was withdrawn. After the tapping, a tumor became apparent to the touch.

At the time of my visit (February 17, 1854) the patient was in a good condition generally, except that the tongue was coated yellow and the pulse was considerably accelerated. On examination of the abdomen, I found the circumference to be fifty-two inches, there being no perceptible difference in size on the two sides. The umbilicus, however, was very prominent—nearly the size of a hen's egg—and appeared very thin and almost transparent from distension. No distinct tumor could be felt externally. She had had no return of the catamenia for three months, though, during the summer, this discharge had occurred every fortnight. She first became irregular two years ago, when debilitated by powerful cathartics.

Examination *per vaginam* demonstrated the existence of a tumor, more apparent on the right side, and evidently containing fluid. A sound introduced into the cavity of the uterus, showed this organ to be moveable and of the normal size, but inclined to the left side. *Per rectum*, also, the tumor was easily perceived, and found more prominent on the right side of the pelvis. A sound passed into the bladder, showed the latter to be not displaced and not adherent to the tumor.

I therefore diagnosticated the case to be one of *ovarian tumor* (the right ovary being diseased), *complicated with ascites*, and proposed to perform the operation of paracentesis abdominis, both because it was now again demanded by the dyspnœa, and because the evacuation of the fluid would either decidedly contradict or confirm this diagnosis. I therefore, assisted by Drs. Clough and Wood, proceeded to tap the patient in the ordinary way, at the point in the linea alba midway between the pubes and the umbilicus. The discharge of the fluid was very frequently arrested by the canula becoming clogged up with a

delicate membrane, almost precisely resembling tissue paper when floating in water, and of which enough was drawn through the canula in the aggregate, apparently to cover the whole surface of the peritoneum. The operation was thus very much prolonged, sixty pounds of a clear gelatinous fluid having been withdrawn. A tumor was thus rendered very apparent, being of an ovoid figure, and having a transverse diameter of about nine inches. It appeared to be free from adhesions, being moveable to the right and left in the peritoneal cavity. The diagnosis was thus in all respects confirmed.

The patient was very solicitous to have the operation of ovariectomy performed. I, however, declined to perform it for the present, and did not again see the patient till October, 1854. In the mean time, however, Dr. Clough had found it necessary to tap her four times, having removed at one time (July 20) *one hundred and six pounds of fluid* and at another *one hundred and three pounds* (November 7). Previously to the tapping of July 20, the circumference of the abdomen was *five feet and three inches* (sixty-three inches). In the interval between the tapplings, the fluid had accumulated at the average of very nearly *two pounds a day*. From September 15 to February 9 ensuing—one hundred and forty-seven days—two hundred and eighty-eight pounds of fluid were secreted, and ninety pounds during the last forty-two days. The tumor becoming apparent after each tapping, was found to be increasing in size, but apparently no adhesions had yet formed. It now, however, clearly consisted of two sacs at least, instead of one.

I found, in October, 1854, that the patient's general health had essentially failed since the preceding February, and that she was becoming much emaciated. After much solicitation, I engaged to perform the operation in the February following, if the circumstances then seemed favorable, as I should be absent from New England till then. On the 29th of December she was again tapped by Dr. Clough, and ninety-five pounds of fluid were withdrawn.

Previously to the operation on the 7th of November, the downward pressure of the fluid in the cavity of the abdomen had so elongated the *cul-de-sac* between the rectum and the vagina, as to even cause it to protrude from the vagina, between the labia, in the form of a sac. On the 7th of November, Dr. Clough operated by merely puncturing this protrusion and passing a gum-elastic catheter through the puncture into the cavity of the peritoneum, and thus evacuating the fluid. After the cavity was evacuated, the catheter was withdrawn, and the puncture healed by the first intention. The protrusion gradually

restored itself to its natural relations, and in a week nothing unnatural could be detected at the upper part of the vagina. Dr. Clough adopted the same method in the subsequent tapplings, and with precisely the same results.

In a letter, dated November 10, 1854, giving an account of the first tapping in this manner, Dr. Clough adds: "I will suggest the idea that, if her case is ascites occasioned by the pressure of the tumor, would there be any chance, in your opinion, if you should introduce a gum-elastic catheter into the orifice in the vagina, when the fluid passed out, and let it remain while the incision in the abdominal wall is healing? I wish you would give this idea a little attention, and let me know what you think of it."

I replied that I had before anticipated that if I removed the ovarian sacs the ascites would not *at once* cease, since the peritoneum would not at once return to a normal condition, and that I should adopt the suggestion if I operated for the removal of the tumor.

On the 9th of January, 1855, Dr. Clough writes that he drew off ninety-five pounds of fluid on the 29th of December, and that she was now "very comfortable, walking from one room to another, and working some."

Soon after this it was definitely arranged that I would perform the operation of ovariectomy on the 12th of February, and that the patient should be tapped on the 9th (seventy-two hours before the operation), by Dr. Clough; it being done *through the vagina*, as before, and a gum-elastic catheter (corked tightly) being left projecting through the puncture into the cavity of the peritoneum up to the time of the operation.

Accordingly, on the 9th of February, Dr. Clough, assisted by Dr. Wood, operated, and removed eighty-two pounds of fluid. From seven and a half to eight pounds also afterwards escaped through the puncture, by the side of the catheter—making in all ninety pounds. No untoward symptom occurred from the operation or the retention of the gum-elastic tube, and three days after the tapping I removed the ovarian tumour by the large abdominal section, as before arranged.

Feb. 12, 1855. I found the patient very much emaciated and debilitated; indeed, her general health had begun to give way decidedly. She was, however, cheerful, and felt positive she should recover from the operation about to be performed, and had long been very impatient to have it done. As ninety pounds of fluid had been withdrawn from the peritoneal cavity seventy-two hours previously, when

her circumference had probably not been less than five feet, the abdominal walls were collapsed in such a way that they could easily be carried on either side around to the spinous processes ; and the distance on the corrugated surface from the pubes to the umbilicus was sixteen inches. The gum-elastic tube remained as left at the time of tapping, and a large tumor, apparently consisting of two sacs, and and very movable, partly filled the collapsed peritoneal cavity.

An examination per vaginam, and per rectum, and also with both the urethral and the vesical sound, gave the same result as at my first visit a year previously ; except that the tumor was now much larger, and was adherent, apparently to a slight extent, to the omentum near the liver.

The temperature of the room was raised to 80° Fahr.; the air also being rendered humid by the evaporation of hot water. The patient's bladder was evacuated, and the pudenda covered with a cloth applied like a diaper, after the pubes had been shaven. I had also prepared an *artificial serum*, similar to the natural secretion of the peritoneum, to be kept blood-warm, and into which I should plunge my hands before bringing them into contact with the peritoneum during the operation. This was made according to the following formula : R.—Pure water, Oiv ; albumen (white of eggs), ℥vj ; common salt, ℥iv.

The other elements of the natural secretion of the peritoneum being in very small quantity, were omitted. These preparations being made, the sulphuric ether was administered as an anæsthetic, and I proceeded to operate, assisted by Drs. Clough and Wood, Dr. Buzzell, of North Enfield, and Dr. Bean, of Lebanon, N. H.

The operation.—I commenced with an incision eleven inches long in the linea alba, extending upwards from the symphysis pubis, penetrating the skin and the very thin superficial fascia only. The slight oozing of blood soon ceased, and I then completed the incision to the same length through into the peritoneal cavity, from which nineteen pounds of fluid at once escaped. The tumor was thus brought into view, and seen to consist of two large sacs, with an immense number of small ones, as is usual, when the tumor is not solid. On passing my hand and forearm into the peritoneal cavity, and carrying it round the tumor, I also found it adherent, to a slight extent, to the great omentum, as I had expected.

The tumor was much too large to be removed through the incision in the abdominal walls ; and therefore the two large sacs, and several smaller ones, were evacuated by a trocar and canula, to reduce its size. In this way, between nine and ten pounds of fluid were removed,

when it was found possible to bring the tumor through the incision. In overcoming the adhesions preparatory to this, a small artery in the bands of which they consisted was found to require a ligature. Then the tumor was drawn through the incision, and held by two assistants, while I passed a double ligature of six threads of saddlers' silk (waxed but not twisted), through the centre of the pedicle, and then cut off the latter between the ligatures and the tumor itself. The mass thus removed weighed nine pounds. Add to this the fluid removed from it as before explained (nine to ten pounds), and the weight of the ovarian mass alone is seen to have been between eighteen and nineteen pounds.

Some dropsical fluid still remained in the pelvic cavity, and this, together with all the clots of blood, I removed with a soft sponge. This was accomplished slowly, the fluid was so dense and viscid. The other ovary was seen to be in a normal condition, though very pale ; but the whole peritoneum was evidently congested, and both looked and felt more like a mucous than serous membrane.

I next closed the incision by the introduction of stout needles through the whole thickness of the abdominal walls except the peritoneum, at the distance of an inch from each other—ten in all. These were confined by the harelip suture ; and stitches were also taken in the intervals between the needles. The ligature around the small artery in the omentum was brought out through the upper end of the incision ; and the ligatures around the pedicle of the tumor were passed by the side of the gum-elastic tube into the vagina before the incision was closed. No adhesive straps were applied to the abdomen, since the walls were so lax and corrugated that they would have been of no avail. Merely a compress, dipped in warm water, was laid over the abdomen, and a piece of oiled silk over that ; and the patient was put into bed at 5 P. M. The ether had kept her unconscious during the operation, and no trouble had been experienced from protrusion of the bowels while operating ; the walls of the abdomen had been so distended by the fluid removed at the last tapping. Besides, the bowels had been freely evacuated the day before the operation, and only milk porridge had been taken since.

I directed that the patient should make no effort to move or to speak aloud for the first three days, and that a catheter should be introduced into the bladder every six hours. The compresses were to be renewed every four hours, or before they became dry ; bread-water for diet, for the present.

Progress of the case after the operation.—Immediately after being

put into bed, the patient is very pale, but the eye is bright ; skin covered with a cold perspiration ; pulse 140, and feeble ; respiration 23. She is thirsty ; complains of a restless feeling in the back, and is disposed to move the limbs too much. A bloody serum has escaped in small quantities from the tube left in the vagina. A teaspoonful of brandy to be given every ten minutes till the reaction is established, and external warmth to be applied.

8 o'clock (*three hours after operation*). Pulse a little stronger, and surface warmer ; give brandy with six drops of aq. ammoniæ simp. every half hour. At 9 o'clock pulse improving ; gave a teaspoonful of paregoric ; patient vomited freely fifteen minutes afterwards. The paregoric was repeated, and retained, and at 10 o'clock she had slept quietly for fifteen minutes. At 12 (midnight), I drew off two and a half ounces of rather high-colored urine. Some blood-stained serum (perhaps one ounce) has passed through the tube ; pulse still feeble, and feeling of faintness continues ; hiccough occurs now and then, but this is common since patient has been in bad health. She is seen smiling, and chews a bit of roast-beef at her own request. On being asked if she still thought she should recover, she replied, "If I die, it will be from thirst"—as she has been allowed but little drink on account of the irritable state of the stomach. At 2 o'clock A. M. she feels uneasy, and vomits all the drink she has taken. At 4 o'clock she had slept a few minutes at a time, and had not vomited again ; pulse stronger and slower, but reaction is not complete.

6 A. M., Feb. 13 (*day after the operation*). Has drunk cold water freely, and retained it ; pulse 130 ; she feels better ; reaction well established. At 7, drew seven ounces of high-colored urine. At 8, cheeks slightly flushed ; tongue slightly coated and dry ; patient has been vomiting the water she has taken in excess, but appears bright. I now left the patient in the care of Drs. Clough and Wood, intending to visit her every alternate day for a week, if necessary. Dr. Clough visited her once or twice daily, and Dr. Wood remained almost constantly in the house with her till she was out of danger ; and to him I am indebted for the remainder of this report of her progress after the operation. At 10, there has been nausea and vomiting ; there is much thirst ; beef-tea was taken, but rejected. 12 (noon), she looks better, and has less fever. She took twenty drops of acetum opii at 11, and has slept some, and feels better ; urine, three ounces ; has retained a little beef-tea. 2—she is quite restless, and has vomited again—quite a quantity of bile. 4—(twenty-four hours after operation), there is not a single bad symptom ; patient

appears bright, has slept twenty minutes at a time, and had no pain; has retained some milk porridge; pulse 120. 6 P. M.—has slept more; stomach less irritable; urine, four ounces—natural. At 8, she is again nauseated, and takes twenty-five drops of acetum opii, then sleeps most of the time till 10. At midnight, drew off two and a half ounces of urine—natural; has vomited once since 10, and slept some. At 2, complains of a burning sensation in the stomach; for this, a cloth wet in cold water was applied, which removed the sensation complained of; patient says she feels better than hitherto since the operation.

6 A. M., Feb. 14 (*second day after the operation*). Patient thinks she has slept half the night; urine, four ounces—turbid. At 8, she is still better, has taken some gruel, and has not vomited since midnight; pulse 118. At 10, pulse is 110, and stronger. 12 (noon). Patient took twenty drops of acetum opii half hour since, and is now soundly sleeping; urine, five and a half ounces. She suffered from nausea at times till 4, when she chewed some meat, and felt invigorated by it; has been comfortable on the whole; urine six ounces at 4 o'clock. 6 P. M.—she feels tired, and is suffering from nausea; pulse also quicker again. At 8, is restless, and had more dryness and heat of the skin; has a distress at her stomach. Took quarter of a grain morphia acetat. at 9, and rested some; acetum opii, twenty drops at 10; pulse then slower, 112; urine, five ounces. Up to 5 A. M. she had no sickness; has retained some tea; has rested at intervals; urine, five ounces, and less turbid.

6 A. M. Feb. 15 (*third day*). Patient has slept half of the time since midnight. Continues comfortable through the day. No nausea. Pulse 115. Urine four ounces at 10, three ounces and a half at 1; natural. I saw the patient to-day (seventy-two hours after the operation), and could not detect a single bad symptom. The alimentary canal was in portions, somewhat distended with gas, so that the abdominal walls were not so flacid as just after the operation; but there was no tenderness of the abdomen. Perhaps three ounces in all of bloody serum has passed from the peritoneal cavity by the side of the tube, and through it when the cork was removed. She took a quarter of a grain of acetate of morphia at 7, but did not sleep much till after midnight, on account of the distension of the bowels with gas. She then rested well much of the time till morning. No nausea. Urine three and half ounces at 8 P. M.; two ounces at midnight; at 5 A. M., four ounces. Pulse quicker—120.

6 A. M., Feb. 16 (*fourth day*). Patient looks bright and feels easy,

and can take more nourishment and drink. Sleeps half of the forenoon. The pulse, however, continues at 120 all day. At 1 P. M., two ounces of urine ; at 5, two ounces more ; turbid. Had some burning at the stomach in the afternoon, and, becoming uneasy in the evening, took a quarter of a grain of morphia. Slept well till midnight, more than one hour at a time ; the skin being moist, pulse 120, and the respiration 27. Urine, three ounces at midnight ; four ounces at 5 A. M.; more natural.

6 A. M. Feb. 17 (*fifth day*). Patient looks well and is hungry. She feels quite happy through the forenoon, and has no distress at the stomach. More discharge by the side of the ligatures and tube in the vagina. At 10 A. M., four ounces of urine ; at 1 P. M., three ounces ; and the same at six. 6 P. M. Patient has been so comfortable to-day, and looks so well, that one would hardly think anything unusual had happened to her of late. Pulse still 120. No nausea to-day. She is, however, somewhat more dozy and heavy than would be expected. At midnight she had been somewhat restless for two or three hours, and the burning at the stomach had returned. Urine, three ounces at 1 A. M., and two and a half ounces at 5½ ; more turbid.

6 A. M. Feb. 18 (*sixth day*). Pulse 115, and weaker. Has slept more last night than before, and says she feels well. Dr. Wood, however, observed that she still seemed heavy, and found a discharge of very fetid fluid oozing through at the upper end of the incision, by the side of the ligature around the smaller artery. He therefore dispatched a messenger for me, and I saw her at 10 A. M. She had not yet had the bowels relieved since the operation, and had taken half an ounce of castor oil at 5 A. M. I found the patient with a heavy typhoid expression, and the fetid viscid fluid, before mentioned, could still be pressed in small quantities through the upper part of the incision. The peritoneal cavity was also again filling, apparently, with fluid. On removing the cork from the gum-elastic tube, a small quantity of dark fluid also came through the latter. I had no doubt that the typhoid symptoms were produced by the presence of the decomposing fluid in the peritoneal cavity, and its absorption thence, to some extent, into the blood. I therefore decided to *wash out* the peritoneal cavity by an injection, and thus remove its irritating contents. Accordingly, I prepared a quart of the *artificial serum* before mentioned, and, by means of a four-ounce syringe, which fitted perfectly to the elastic tube, I injected the whole into the cavity, at the temperature of 98°. Each time the syringe was applied to force the serum

into the cavity, as much fluid was at once withdrawn from the latter, by suction, into the syringe, before removing the latter from the tube. The fluid thus removed from the peritoneal cavity was very dark and fetid, and contained some clots of blood. Having used the first quart and the fluid withdrawn being still dark-colored, more of the serum was prepared, and used freely till the fluid from the cavity became clear again and had very little odor. The patient at once expressed herself as being greatly relieved by the injections, and became bright again. Her pulse became stronger, and remained at 115. The tongue, before darker and dry, cleared off again. She called for and chewed some meat, and, in fact, had a very comfortable day and evening in all respects. Urine, four ounces at noon ; three and a half ounces at 6 P. M. As the oil had not acted on the bowels, an enema (of water, Oj, and castor oil, $\bar{3}$ j) was administrated at 6 P. M. At 10, two and a half ounces of urine. She took brandy and water, also milk porridge during the night. No irritation of the stomach. Pulse 114, and stronger.

6 A. M. Feb. 19 (*seventh day*). Patient not so well the past three or four hours ; had been more dull ; pulse weaker, and hands cold at times. The fetid discharge again appears at the upper part of the incision. Brandy had been freely given. She had taken another tablespoonful of castor oil at 5 A. M. Urine, three ounces at 3 o'clock. I saw the patient again to-day, at 9 A. M., and found she had relapsed into the same general condition as yesterday, except that the typhoid symptoms were not so strongly marked. Suppuration was also well established around some of the needles, and I removed those which were completely loosened (five in number). I then again repeated the injections, into the peritoneal cavity, of the artificial serum, until the fluid withdrawn became clear. More clots were removed to-day than yesterday, all very dark, and with much fetor. The patient at once rallied, as before, and continued better till evening. As I left on that day to commence a course of lectures in the Medical School of Maine, I advised Drs Clough and Wood to repeat the injections twice a day, if the symptoms seemed to require it—at all events as often as the typhoid symptoms returned, or while the fluid withdrawn remained fetid ; the patient to be sustained on the most nutritious diet. In the evening the patient began to fail again, and a cold, clammy perspiration came on, alternating with flushing of the cheeks. Drs. Clough and Wood therefore repeated the injections, and removed an abundance of clots, though without much fetor, they being redder and apparently more recent than hitherto. The bowels were also re-

lieved this P. M. Urine, two ounces at 10 A. M.; four ounces at 4 P. M.; and as much at 9. She still continued alternately hot and cold till midnight, and then rested pretty well till morning.

6 A. M. *Feb. 20 (eighth day)*. Patient is better than since the operation. Tongue clean and red. Pulse 110 and strong. At 2 A. M., five ounces of urine; and four ounces at 5½ A. M. She takes brandy, beef tea, and milk porridge freely. At 9½ A. M., three ounces of urine. The bowels are three times relieved to-day spontaneously. A few more clots are brought away by the injection at 9 A. M. Pulse 110; stronger. Patient cheerful, and has not had a bad symptom to-day. The injection was again used in the evening, and the fluid removed was more fetid again, and continued to be colored till a larger quantity than usual had been used of the injected serum. In the afternoon, six ounces, and at 6 P. M., five ounces of urine were withdrawn. The remaining needles were removed to-day. The wound looks well. From this time the patient evacuated the bladder independently of the catheter.

21st (*ninth day*). The injection was used again this morning, and also at evening, the removed fluid being still fetid, but with less colour and clots. The last was the best night yet, and she is quite comfortable all the day. Bowels evacuated twice by an enema. She takes nourishment enough. Tongue clean and moist. Three of the stitches are removed to-day.

22d (*tenth day*). Patient has had a good night. The injection this morning brought away many *fresh clots*, as if from a recent hæmorrhage. In a letter of this date, Dr. Wood inquires: "Can the tube, coming in contact with the stump of the pedicle of the tumor removed, cause it to bleed by suction?" The patient is rendered uncomfortable to-day by a pain in the hepatic region. Bowels spontaneously evacuated, and are usually so, daily, from this date. The incision in the abdomen is completely healed, and the remaining sutures are to-day removed.

23d (*eleventh day*). No bad symptoms. But little fluid was injected into the peritoneal cavity this morning, and there was less color and clots, and fætor of the fluid withdrawn. Pulse 120 for the last two days. Patient was moved to another bed.

24th (*twelfth day*). Some fetid fluid is drawn to-day from the peritoneal cavity; very little color; patient decidedly improving; eats some fresh fish and potato with a decided relish; pulse still 120; no injection used after to-day.

25th (*thirteenth day*). Everything favorable; some fetid fluid flows through the tube from the peritoneal cavity; pulse 112.

26th (*two weeks after the operation*). Patient still better than yes-

terday ; fluid from the tube as yesterday, and a slight discharge "of pus and a watery secretion" around the ligature coming through the upper end of the incision ; no tenderness of abdomen. Dr. Wood ceased his constant attendance on the patient to-day, Dr. Clough assuming the entire charge of her ; and she continued to improve without any reverse.

March 1 (sixteenth day). Patient sat up to-day, for the first time, for five minutes ; is doing well. There is considerable discharge at the upper end of the incision round the ligature—thin, and somewhat fetid. The discharge through the tube in the vagina is thick and purulent ; the ligatures drawn down by the side of the tube have become in some way adherent to the latter.

3d (eighteenth day). Dr. Wood writes me that both ligatures (around the pedicle) came away to-day, and that the only undesirable thing was that the discharge around the upper ligatures continued. Several of the punctures made by the needles had also supplicated, and were discharging rather freely. Patient sat up ten minutes to-day.

6th (twentieth day). Patient getting stronger ; sat up half an hour to-day ; is eating a variety of food, with a strong appetite, and sleeping well. The discharge per vaginam (fetid for the last two days) is diminishing, as is also that around the ligature ; pulse 100.

10th (twenty-fourth day). The upper ligature came away last night. Dr. Wood writes me to-day : "There is still some discharge both per vaginam and where the upper ligature came through ; but I think the operation will effect a complete cure."

19th (thirty-third day). A more purulent discharge continues from where the upper ligature came through ; and that from the vagina is similar. Patient sits up an hour and a half at a time, twice a day.

30th (forty-fourth day). The patient sits up half the day at a time, amuses herself with knitting, and walks about the room. Both the opening around the upper ligature and that in the vagina have been closed two or three days ; she is rapidly regaining her natural form, and all her functions but the catamenial are normally performed.

The patient called on me, fifteen miles from her home, early in June last, being perfectly well, but not yet having quite regained her usual color or weight. I saw her again about the middle of October, and found she had very much improved in the meantime in these respects. Indeed, she assured me she was perfectly well. The catamenia had not, however, yet reappeared, and up to the 22d November this

was the fact, though she has had severe attacks of headache once in four weeks. Her natural form had returned ; the immensely distended abdominal walls having become gathered up, as it were, into transverse ridges. The cicatrix of the incision (which was eleven inches) was just five inches long. There has been no return of dropsy in the peritoneal cavity.

Remarks.—1. I have before insisted upon the importance, in my own estimation, of a moist and warm state of the air of the apartment in which this operation is performed ; since the contact of the air will not, thus, to such an extent, either *dry* the peritoneum or *chill* it when it is exposed. But in furtherance of the object of protecting the peritoneum from the contact of the air, I imagined that a fluid resembling the natural secretion of that membrane, and kept at a blood heat, would answer an excellent purpose. I had previously tried this *artificial serum* in another case of large abdominal section. I had also expected that in this case it might subsequently become useful in another way ; and was not disappointed in this respect.

2. Though this was a case of ovarian tumor, *with ascites*, the patient had been tapped each time merely for ascites ; that is, all the fluid drawn had been removed by the tapplings from the peritoneal cavity, though the accumulation of the fluid in that cavity was probably produced by the presence and pressure of the ovarian tumour. I had previously decided hereafter to evacuate either the peritoneal cavity or an ovarian sac, by *tapping through the vagina* (whether in cases of mere ascites, or in ovarian disease), provided the fluid produces such a protrusion into the vagina as to proclude any injury to vessels or other serious accident. But here was a case of rare occurrence ; the fluid (of the ascites, producing a protrusion per vaginam even *externally*). In all ordinary cases, however, of ascites, or ovarian sacs, the fluid would be more completely evacuated though the vagina than through the abdominal walls, as is usual ; and there is no valid ground for any apprehension that the puncture will not heal as promptly and as certainly. In this case the wound healed three times in succession by the first intention ; and all the circumstances were at least as unfavourable as are usually to be met with.

3. I had also previously decided that in another case of ovariectomy, I should bring the ligatures which inclosed the pedicle through into the *vagina*, carrying them through a puncture in the *cul-de-sac* between the vagina and the rectum, and thus remove the necessity for bringing the ligatures through the original incision. This case also

actually invited that procedure, since the required puncture had already been made for evacuating the peritoneal cavity, three days before the operation.

Again, in regard to this particular case, I had no doubt that if the operation was successful so far as the removal of the ovarian tumor was concerned, the ascites would not be cured at once, but the diseased membrane would continue to secrete in excess for a time, though the original exciting cause were removed. I therefore decided, as Dr. Clough suggested, to leave the gum-elastic tube projecting into the peritoneal cavity from the vagina after the operation ; and, if the secretion became changed at any time so as to threaten mischief, to use injections, as was subsequently done.

It was my plan, therefore, entirely to close up the incision in the abdominal walls, and secure union throughout its whole extent, if possible, by the first intention. I was foiled in this by the necessity of applying a ligature to the artery in the omentum where the sac had adhered, and of bringing this out at the top of the incision ; for I could not think of carrying it over and among the convolutions of the small intestines, to be brought out per vaginam. But the discharge that continued for six weeks around this ligature, in consequence of not being able to carry out my plan, gave no small trouble and anxiety respecting the final result. In another precisely analogous case, I should cut the small ligature as close as possible, and leave it.

4. But the *peculiar* feature of the case—so far as I am aware—was the use of injections, once or twice a day for nearly a week, into the peritoneal cavity, to wash it out, and remove the fetid fluid within. There could be no doubt that a fluid similar to the natural serous secretion, must be less mischievous than any fluid in a state of decomposition. It was also equally clear, that if two or three pints of this were injected, and the same quantity of fluid then withdrawn, the fluid still remaining after this operation must be less mischievous, because less concentrated than before. This expedient was therefore adopted when the state of the patient seemed to demand it, with a feeling of assurance of a beneficial result. And it was delightful to see how the patient was at once relieved for the time by every injection. I do not think she would have lived forty-eight hours from the time when the first injection was resorted to, had not *some* method been devised to remove the putrefying contents of the peritoneal cavity ; and so long as they continued fetid, and the patient threatened again to relapse into a typhoid state, I consider them to have been indispensable. The peritoneal cavity was injected *ten times* in all.

But what was the cause of this fetor of the fluid, or rather of its decomposition ! The clots of blood, mixed with the highly albuminous fluid, it may be said. But neither of these two elements would have undergone such a degree of change had no *air* been present in the peritoneal cavity with them. It may be said that the air entered through the tube left in the vagina. I reply, that no device could have kept the air out of that cavity. It had been laid open by an incision eleven inches long, through which sacs weighing nineteen pounds, besides fluid to the same amount (in addition to nearly ninety pounds seventy-two hours previously), had been removed. When the incision was closed, of course a large quantity of air was inclosed, to occupy a part of the space previously occupied by the contents just mentioned. Indeed, air enters the peritoneal cavity in every instance of tapping for ascites in the usual manner, unless the greatest care is taken to prevent it. But as the result is as favorable when the precautions are not taken as when they are, I have for several years omitted them altogether. Much has been said and written of the danger of admitting air into serous cavities, when the membranes lining them are secreting an abnormal secretion—as in ascites, hydrothorax, and empyema, or of suppuration in joints. I believe all this to be erroneous. A serous membrane secreting a purulent fluid, or a densely albuminous one, is no longer a *serous* membrane *physiologically*, and therefore does not suffer from the contact of air as the healthy serous membrane does. Indeed, it is found on examination in such cases—it was in this case—to resemble a *mucous* more than a serous membrane, and, like the former, it may tolerate the contact of air. Its secretion, however, will thus undergo decomposition if retained in the cavity, just as mucus does if accumulated and retained on a mucous membrane. Equally, therefore, must it become decomposed, and the membrane must be cleansed if possible. It seems to me that this idea is worthy of being carried into practice in several directions, which will occur at once to the scientific surgeon.

The colorless fluid, doubtless, was still secreted by the diseased serous membrane ; but whence came the clots ? I think a slight hæmorrhage occurred from very small vessels (and which were very abundant), distributed to the congested peritoneum, and from which pressure was removed by the withdrawal of the fluid and the tumor at the same time. And yet, the clots became too abundant on the 22d Feb., and of too bright a color to be accounted for thus. I suspect that the unavoidable movements impressed upon the tube while injecting the fluid, loosened one or both of the ligatures, and that thus

the bright color of the clots on the 22d Feb. is to be accounted for. This will also explain the fact that these ligatures came away so soon, viz : on the eighteenth day after the operation. The ligature around the small artery, on the other hand, came away on the twenty-third day ; later than would be expected, since the artery it inclosed was not more than one-tenth of an inch in diameter. The pedicle of the ovarian tumor, on the other hand, was four inches wide, and averaged one-quarter of an inch thick ; and, of course, each large ligature inclosed one-half of it.

5. I have specified the amount of urine secreted during the first eight days, since I have thought that patients may be regarded as almost out of danger after the large abdominal section, while this secretion remains, or when it becomes normal in quantity and quality.

The amounts were as follows :—

During 1st twenty-four hours after the operation	.	.	.	16½ oz.
" 2d	"	"	"	18 "
" 3d	"	"	"	17½ "
" 4th	"	"	"	13½ "
" 5th	"	"	"	17 "
" 6th	"	"	"	13 "
" 7th	"	"	"	11½ "
" 8th	"	"	"	27 "

After this sudden increase, the secretion continued abundant and natural, and the patient evacuated the bladder without the aid of the catheter. If it be remarked that the quantity during the first seven days was as great as before the operation, it should be remembered that, normally, the urine is much increased in quantity for a time after tapping for dropsy.

6. The size of this patient before the operation was greater than that of any other dropsical patient of which I have any knowledge, her circumference being at one time five feet three inches. At this time, also, she had the largest quantity of dropsical fluid withdrawn that I have ever seen recorded. Sir Astley Cooper once evacuated twelve and a half gallons of fluid, and I had also in one case removed eighty-eight pounds, or ten and three-quarter gallons. But in this instance, *one hundred and six pounds* were taken, amounting at least to $12\frac{2}{2}\frac{1}{2}$ gallons, or *less than one ounce short of thirteen gallons!*

The results of all the tappings previous to the final operation, were as follows :—

Nov. 29, 1853, Drs. Clough and Wood removed	.	.	.	19½ lbs.
Feb. 17, 1854, Dr. Peaslee, with Drs. Clough and Wood	.	.	.	60 "
May 17, " Dr. Clough	.	.	.	75 "
July 20, 1855, Dr. Clough (circumference of abdomen 63 in.)	.	.	.	106 "
Sept. 15, " " "	.	.	.	97 "
Nov. 7, " " "	.	.	.	103 "
Dec. 29, " " "	.	.	.	95 "
Feb. 9, 1855, Drs. Clough and Wood	.	82 lbs.	}	90 "
Add escaped next day, 7 to 8 lbs.				

7. Finally, I would acknowledge my indebtedness to Drs. Clough and Wood. Without the judicious management of both these physicians, and without the unremitting attention of the latter to the case for two weeks after the operation, the result must very probably have been otherwise. The sisters who officiated in turn as the nurses of the patient—Cynthia Annis, Mary Allard, and Rebecca Roberson—must not be omitted here, since they, by their kind and efficient attention, and their cheerful demeanor, did much to insure her recovery.

26 CLINTON PLACE, N. Y., NOV. 24, 1855.

Strabismus. By G. CRITCHETT, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital, &c.

Mr. Critchett makes many objections to the ordinary methods of operating for the correction of strabismus. His objections to the usual practice of free division of all the tissues are, liability to subsequent deformity by eversion and the sinking in and loss of the caruncle, so that the inner part of the globe of the eye seems more exposed than that of the opposite, and a fossa exists in the place of the caruncle. Beside this another unfavorable result sometimes occurs, and that is increased prominence of the eye. There are some minor objections, such as the slow healing of the conjunctiva, after leaving a more or less distinct cicatrix, and the frequent loss of power in moving the eye in the direction of the divided muscle, which Mr. Critchett advances, all of which defects he is of the opinion are prevented by the following operation proposed by him, and performed many times by himself and his colleagues at the Ophthalmic Hospital.

“Having placed the patient, if nervous or restless, or very young, under the influence of chloroform, the eyelids must be fixed open with a spring speculum, the globe everted by an assistant, and the operator, seizing the conjunctiva at a point corresponding to the lower border of the internal rectus, makes a small opening with a pair of rather strong blunt pointed scissors; he then seizes the subconjunctiva fascia, and divides it to the same extent, so as clearly and cleanly to expose a small surface of the sclerotic. The ordinary strabismus blunt hook, bent at a right angle, must now be swept round the globe, so as to pass beneath the muscle. This may be known by the peculiar elastic resistance that is felt; the blades of the scissors must then be passed in through the opening, and by a succession of small cuts the tendon may be readily divided between it and the insertion into the scler

otic, and close to the latter. Some little difficulty is sometimes experienced when the insertion of this tendon is rather broad in reaching its upper edge, and when that is the case, I make a small counter opening in the conjunctiva corresponding to the upper border of the muscle. I introduce the hook from above, and having passed it beneath the remaining slip of tendon divide it with scissors in the same direction. This counter opening has the advantage of facilitating the escape of blood that has become infiltrated beneath the conjunctiva, and it does not in any way interfere with the principle and aim of the operation, which is to have a broad band of conjunctiva between the cornea and inner caruncle intact. The advantages of this plan, as contrasted with the old one, seem to me to be very great. It has, in the first place, the merit enjoyed by all subcutaneous sections of immunity from inflammation and suppuration, and makes a very rapid and certain cure ; no granulation ever forms, and the caruncle maintains its natural position, and does not shrink away into a deep fossa, as is invariably the case when the usual operation has been performed ; and as far as my experience yet goes, protopsis or increased prominence of the eye is more rare, eversion never occurs, and the natural movements of the eye are more complete. This I attribute to the fact that the ocular fascia is but little interfered with, and that a good firm union takes place between the divided muscle and the globe of the eye."

Mr. Critchett is of the opinion that the old operation should be practised only in cases of long standing, and where the strabismus is very extreme and where the eye is small and deep set, and where the sub-conjunctival operation produces but little effect. Experience has led him to believe that the most favorable results occur to young adults in contrast with children. As respects the effect of strabismus upon vision, an existence of the condition for several years almost invariably produces more or less defect. On this account operation during childhood would be suggested, and this period would be the most favorable for the operation if the result could be made equally favorable in all other respects.

Mr. Critchett also details an operation for the removal of eversion following the operation for strabismus which has been followed by most flattering results. The operation is a tedious one, requiring the use of anæsthetics, much of its success depending upon careful attention to minute details.

" Having freely exposed the globe of the eye by means of a wire speculum, the parts covering the inner part of the globe, including conjunctiva, sub-conjunctival fascia, old cicatrix and muscles, with con-

denser tissue around, it must all be carefully dissected off the sclerotic, commencing about two lines from the inner margin of the cornea and extending upwards and downwards and then inwards, so as to expose the inner third of the surface of the globe. This dissection must be carefully made, so as to preserve the flap, thus raised entire ; it can be most readily done with a pair of scissors. When this stage of the operation is completed, the external rectus muscle must be divided. It is better to defer this part of the operation until now, because the action of the external rectus is useful in keeping the globe well fixed outwards during the first stage of the operation. The next part of the operation is the most difficult and the most important. It consists in passing the sutures. For this purpose small semicircular needles must be used, armed with a piece of fine silk ; the flap that has been raised from the eyeball must be firmly held with a pair of forceps, and drawn forward, so as to make it tense ; the needle must then be passed through it, as low down,—that is, as near the inner corner as possible. Two or three sutures may be passed in this way, at intervals of about two lines. The corresponding part of each suture must then be passed through that small portion of conjunctiva which has been left attached to the sclerotic near the cornea. This constitutes another difficulty, because the membrane here is so thin that the fine silk is apt to cut through ; this I found a serious difficulty, in my first operation, and one that naturally interfered with the success. In order to obviate this, I adopt now the following expedients :—I first separate this portion upwards towards the cornea ; the needle must then be passed through it, and then back again, so as to include a portion which must be tied tightly so as to prevent it from tearing out. The next point is to cut away all that lower portion of the lower flap that can be spared beyond the part where the suture has entered, merely leaving a sufficient margin to hold it. The silks may now be drawn tightly and tied to the end that is already fixed near the cornea. The immediate effect of this proceeding ought to be to procure some inversion, if the various steps of the operation are properly performed. The hope and intention are to get the parts to unite to the globe in their new position and thus retain the eye. This however is only partially the case ; there is always some tendency partially to relapse, and in two cases I had to repeat the operation with ultimate success. The sutures may be allowed to remain until they ulcerate through ; the subsequent inflammation is usually slight. The amount of mobility in the eye is very limited, but so long as it occupies a central position, this circumstance is not found practically to

occasion much deformity, and is an immense improvement upon the discord from extreme eversion.

My friend and colleague, Mr. Bowman, has performed this operation at the Ophthalmic Hospital with his usual neatness and dexterity, and the effect was very perfect. * * * I may mention that one favorable effect of the operation is, the drawing forward and restoring the inner caruncle to its natural place."—*Southern Journal*.

Purpura of Werloff. By M. TROUSSEAU.

A very characteristic example of that species of purpura hæmorrhagica described by Werloff under the name of morbus maculosus, lately appeared in the wards of M. Trousseau. The disease occurred in a young flower-girl, seventeen years old, of regular habits, and brought up in the country, and who had suffered from no other malady, with the exception of some scrofulous swellings in the neck. For six months she had resided with her parents in Paris, occupying a healthy apartment, and as the livelihood she gained was sufficient for her comfortable maintenance, her condition, so far as hygiene is concerned, was in every respect good enough, when fifteen days before her admission to the Hotel Dieu, she had an attack of epistaxis. At this time the hæmorrhage was slight. Fifteen days later, however, she was again attacked in the same manner, but with so much increase of the bleeding as to induce serious apprehension for her safety. The hæmorrhage, this time also, became arrested, and after an interval of eight days, on the 4th of May, the skin was observed to be covered by a number of violet colored spots, resembling the berries of the privet. Similar spots of an ecchymotic appearance, were also observed upon the gums and mucous membrane of the mouth. An oozing of blood from the nose was also present, and on the seventh, clots of blood were found in the water-closet.

Such, says M. Trousseau, is the ordinary course of the simplest form of the morbus maculosus of Werloff. The absence of fever, and paleness accompanying it, must also be remarked. From this time there occurs adventitious headache and flashing in the eyes; hæmorrhage may take place in the choroid or the humors of the eye, and impaired vision exist for fifteen days or a month. At other times hearing may become disturbed; a peculiar noise being heard in the ear, the result of slight extravasations of blood. In one case of a woman aged fifty-four, M. Trousseau mentions having met with a similar noise accom-

panying deafness. In some instances slight paralysis of one side of the body exists, arising from extravasation of blood within the cranium ; hæmoptysis also occurs, the bronchial being like the intestinal mucous membrane subject to hæmorrhage. The skin not only exhibits the peculiar spot already noticed, but in some cases phlyctænæ exist in the inner surface of the lips, etc., and on the arms, abdomen, and so forth, ecchymotic patches are to be found of the size of one or both hands together. The young woman referred to as the subject of these remarks presented one of these patches of enormous extent, and situated upon the right iliac region. A singular circumstance connected with this affection is, that about the end of eight days all these spontaneously disappear ; and then, subsequently to a certain degree of fever, with headache and general sense of uneasiness, there is a reproduction of spots in greater or less numbers. In some cases, the paroxysm of the disease is ushered in by hæmorrhage from the nose, the lungs, the intestines or the uterus. In the present instance epistaxis recurred at intervals of eight days, and the appearance of the eruption corresponded with the third of these attacks.

It will be perceived from what has been said that the affection differs essentially from our scorbutus. The latter disease is preceded by pain, weakness, loss of color, fetor of breath, and other symptoms indicating liquefaction of the blood. In the malady described by Werloff, there is no softening of the gums ; they retain a healthy appearance, except at certain points, where they are ecchymosed. And moreover, the teeth are remarkably well embraced by the gums, as seen in the patient now under treatment. Besides, in scorbutus there are no paroxysmal phenomena. The purpura of Werloff has more resemblance to certain varioloid eruptions, which are accompanied with delirium, and are less serious than they appear, as about the tenth day the pustules harden and the patients recover. Of course the eruptive markings here referred to are not those which supervene from the twelfth to the fourteenth day of small-pox, but those of the commencement, which are slight extravasations arising from the congested state of the cutaneous surface. During the second week of scarlatina, measles and small-pox, spots also appear, which are correctly regarded with apprehension, but these spots cannot be confounded with those of the malady of Werloff, as they are always complicated with an eruptive fever. The same remark applies to those appearing in connection with an altered state of the blood in children who have been reduced by vomiting and diarrhœa.

Where the purpura of Werloff is unaccompanied by hæmorrhage,

acid drinks, lotions, and injections of the same nature are sufficient, indeed, without any treatment, the disease disappears after a short duration. But if the affection be ushered in by abundant hæmorrhage, the blood rapidly becomes impoverished, and the prognosis assumes an unfavorable aspect ; patients rapidly sinking, in some cases, from circumscribed inflammations consequent upon cerebral hæmorrhage.

What treatment is to be pursued in combating this affection ? There is only one method, the efficacy of which seems incontestible, and that is the exhibition of the powder of cinchonia. Werloff was the first to try this remedy on a girl seventeen years old, and effected a cure in her case by giving half a drachm of powdered cinchonia every two hours, for seven days. This fact was lost sight of when M. Bretonneau, who had not read of Werloff's case, entertained the idea of treating the epistaxes in the same manner. M. Trousseau here gave the powder of cinchonia (*calasaya*) in the dose of four grammes daily for three days. The treatment was then intermitted for one day and again recommenced in the same manner, increasing the interval of intermission by one day each time, employing at the same time, as auxillary remedies, acid drinks, the juice of fruits, &c.

Regarding the patient mentioned above, where epistaxis occurred every time the nose was blown, and where for some time a number of spots had existed upon the skin, the symptoms were not permanent ; it was a case of the disease of Werloff.

At first rhotany and some other remedies had been employed in the treatment, but without much success. M. Bretonneau, then in Paris, advised M. Trousseau to try the powdered chinchonia ; the patient was subjected to this remedy, and from that time the progress of the disease was checked, and the epistaxis, which previously had resisted even the injection of perchloride of iron, was resisted. Was this patient cured ? Undoubtedly not, says M. Trousseau, as, on account of her advanced age, there was reason to fear an attack of cerebral hæmorrhage ; she is, however, much better, and there would only appear an extra necessity in her case for a continuation of the treatment by cinchonia.

As for the girl in the Hotel Dieu, severe intestinal hæmorrhage, followed by syncope, took place on the twelfth and eighteenth of May. On the seventeenth, M. Trousseau remarked her paleness, and the presence of the feverish condition observed in anemia ; a condition of importance to recognize in some states of convalescence, in order to its being combatted by invigorating diet and regimen. M. Trousseau

here expressed his fears, that in this case the hæmorrhage should continue, and by the alteration in the blood, induce such changes in the gastric fluids as would lead to loss of appetite and the occurrence of indigestion, a condition of the most embarrassing nature, under the circumstances. In order if possible to avert these consequences, he considered it proper to continue the cinchonia with a small quantity of opium as an adjuvant to its effects. The patient was also ordered albumen in small quantities and weak soups. Besides, the paroxysmal nature of the disease afforded some hopes by the intermissions which were occurring now and then. M. Trousseau placed his reliance upon these, upon the youth of the patient, and upon the *vis midicatrix naturæ*. In this, hope has not been disappointed; altogether it has been necessary merely to attend to the intestinal hæmorrhage which was inclined to occur, and with this view M. Trousseau had recourse, with apparent success, to the perchloride of iron, in the dose of from one to two grammes, given in the form of pills every four days. He also administered turpentine as an hæmastatic, and finally there was the restorative treatment by iron. At the last examination, the patient might be considered cured, as all appearance of the disease had gone, she had recovered her color, strength and flesh, and in a very few days would be in a state quite fit to leave the hospital.—*Jour. de Med. et de Chir. Prat.*

On the Application of Sulphate of Iron in Erysipelas. By M. VELPEAU.

M. Velpeau observes that true erysipelas is constantly confounded with other inflammations, viz., phlebitis, diffuse phlegmon of the cellular tissue, and angiolencitis, which differ from it in their causes, seat, progress, danger, and treatment. A prolonged consideration of the nature of the affection has led him to lay down the following propositions:—

1. Erysipelas, taken in its surgical sense, has its predisposing cause much oftener in external, atmospheric, or meteorological influences than in the state of health or general constitution of the patient.

2. The determining or occasional cause is almost always a wound, scab, or some irritation of the integument.

3. Its efficient cause is matters proceeding from without or altered tissues, which mingle primarily or secondarily with the fluid of the parts affected.

4. The fluids so affected induced general and local phenomena. The first occur before the second when there is at the beginning a passage of fluids into the general current of the circulation. The order of occurrence is reversed when the change only takes place through imbibition.

5. The fluids in the inflamed skin, altered by the morbid element only, seem to circulate or advance by endosmosis; the erysipelas still, however, spreading itself along the dermis like oil upon a plain surface.

6. A large proportion of the morbid matter remains to the end under the epidermis, or in the cutaneous tissue mingled with blood in the inflamed part.

7. The totality of an erysipelas is almost formed of several small erysipelases.

8. An isolated patch of erysipelas ordinarily disappears of its own accord in six or eight days.

9. The duration of the entire disease is very variable, according to the number of erysipelas patches that may succeed or combine with each other.

10. The remedies employed, whether external or internal, to be capable of dissipating such a disease, should especially possess the power of modifying the condition of the blood.

M. Velpeau furnishes us with the results of the different forms of *treatment* he has employed in above one thousand cases, in four hundred of which he has kept exact notes. In twenty-five patients, *compression* by bandages was resorted to, with no advantage. In thirty-three, *flying blisters* were applied, without diminishing the mean duration of the disease; these proving advantageous only in certain cases of phlegmonous erysipelas and angeioleucitis. No satisfactory result followed the employment of *nitrate of silver* in thirty cases. In two hundred cases, *mercurial ointment* was resorted to, with the effect of sometimes diminishing the duration of the affection by a day or two, and rendering it a little less painful. It is, however, very repugnant to the patient, spoils the linen, and sometimes induces salivation. *Lard*, employed in twenty-three cases, although not causing these inconveniences, was found even less efficacious. A variety of other substances have been tried by M. Velpeau, but as he found them useless or injurious, we need not advert to them.

Calling to mind the modifications which the preparations of iron produce in the blood, it seemed to him that a disease so superficially placed, and one in which the inflamed tissues are so infused with

altered fluids, was well calculated to be influenced by foreign preparations. He employed the *protosulphate of iron* in the proportion of thirty *grammes* to the *litre* of water (3vij ss. ad. ℥xxxv), or eight parts to thirty of lard. In forty cases in which this was tried, the erysipelas yielded in from twenty-four to forty-eight hours. It is, however, remarkable that, when thus extinguished at point of departure, it will still spread beyond this, along parts already infused with the iron. Whether the inflammation, in order to undergo modification, requires to become fully developed, and whether the remedy is merely curative, without being preventive, further researches must show. More easily applied to some parts, the ointment would be preferable, but it is somewhat less efficacious than the lotion. When used, it should be applied three times a day to the erysipelatous patch, and some way beyond its margin. The lotion should be applied by means of some compresses, which are to be kept on with bandages, and wetted every few hours, so as to keep the skin always moistened. Thus far the remedy has never failed in cutting short the erysipelas ; but it has a disadvantage, in iron-moulding the linen.—*Medical Record.*

M. Debont, in allusion to the local application of iron in erysipelas, recommended by M. Velpeau and M. Devergie, states that the formula are of approved value :—The ointment—sulphate of iron 5 parts to 10 parts ; water, 12½ to 25 parts ; oil, ditto ; lard, 70 to 40 parts. The solution—Sulphate of iron, 10 to 20 or 40 parts ; water, 120 to 110 or 90 parts ; glycerine, 70 parts.—*Dublin Press.*

Infantile Paralysis. By Mr. W. ADAMS, Assistant Surgeon to the Orthopædic Hospital.

Mr. Adams doubts congenital paralysis of particular muscles or limbs independent of traumatic lesion. Infantile paralysis usually occurs between the ages of six and eighteen months, frequently the result of difficult dentition and often preceded by fits or convulsions. Paralysis in children may also result from intestinal irritation caused by worms, indigestible food, and so forth. The cause may be centric or eccentric irritation. It not unfrequently follows marked febrile disorders, especially measles and whooping cough. Mr. Adams is of the opinion that when many muscles or entire limbs are affected, and where the paralysis is persistent, structural lesion of the nervous centres, brain or spinal cord exists, that in similar cases where the

paralysis is transient, it depends upon congestion of the nervous centres, sometimes accompanied with effusion, which subsequently becomes absorbed ; and that where single muscles or a group of associated muscles are affected, it depends upon some local failure of nutrition of the nerves supplying the muscles under a general though perhaps slight febrile condition.

Mr. BOUCHUT ("Practical Treatise on the Diseases of Children,") describes this affection under the title of Myogenic or essential paralysis and admits as a cause lesion of the nervous centres and cords only in those case which succeed febrile convulsions. The other cases he groups in two classes, viz : those accompanied with pain in the affected limb, and those following convulsions without febrile excitement ; and in these he considers the cause to be primarily and essentially an alteration of the elementary tissue of the substance of the muscle. The nature of the affection in these cases he regards as entirely rheumatic, and traces it as a frequent result of exposure to cold. Mr. Adams doubts the rheumatic character of the affection under any circumstances. No evidence is given in the early stages, of alteration in the elementary structure of the muscles ; and Mr. Adams thinks the myogenic theory to be advanced without sufficient evidence. Mr. Bouchut states that the developement of paralysis is usually slow. Mr. Adams has noticed its occurrence always to be sudden and considers those cases of supposed slow development the consecutive phenomena—contraction and atrophy—had taken place. Partial paralysis through life is considered by Mr. Adams the most frequent termination ; complete recovery the second ; and persistent flaccid condition third, in relative frequency.

The paralysis most commonly affects some of the muscles of one leg ; very frequently the leg and arm of the same side ; occasionally both legs, and very rarely both legs and both arms. In the royal orthopædic hospital, where these cases apply in considerable numbers, no case had been seen by Mr. Adams in which the muscles of the hip-joint were involved. This existence of power in the muscles of the hip-joint enables the surgeon to make the patient's walk, by mechanically fixing the knee and ankle joints, with considerable freedom. Mr. Adams believes with Sir B. Brodie, that unless recovery takes place within a few months, the paralysis is generally persistent through life. In slight and moderately severe cases, complete recovery or very great improvement takes place, and this frequently several years after the seizure.

Numerous cases are seen at the orthopædic hospital in all stages

of spontaneous recovery. The second stage is marked by deformity, produced by atrophy of certain muscles, determined by paralysis of the opponent muscles and position of the part, as seen in the commonest form—elevation of the heel.

Mr. Adams advises division of the tendons whenever the contraction interferes with the motion of the joints, and the erect position, loss of power to be subsequently compensated for to a certain extent, by mechanical means. Infantile paralysis lays the foundation of a very large proportion of all the noncongenital deformities, itself being frequently only a transient condition. If the mode of the production of these deformities was rightly understood, their prevention would be easy. Passive muscular exercise, according to the circumstances of the case, and properly adapted mechanical supports, are the preventive measures indicated. In the medical treatment, gentle mercurials for a few months after the seizure is recommended, if not injurious to the general health, but, beyond this period any internal remedies except those calculated to improve the general health, are of little use. Febrile irritation must be allayed ; and in difficult dentition the gums may be lanced.

Mr. Adams has never witnessed benefit from blisters or other "counter irritants, though he had used them." He prefers shampooing, galvanism, warm clothing, sea bathing and passive exercises, as likely to aid the vigorous and frequently effectual efforts made by nature. The hæmospastic apparatus invented by Dr. Junod is very useful in maintaining a natural temperature in the paralytic extremities. To some extent the apparatus may be useful in keeping a supply of blood in the muscles and preventing atrophy.

—*Association Medical Journal.*

Chloroform.

This article of our materia medica, which, by a certain class of physicians is much derogated, seems to steadily advance in favor among the majority of the profession. No surgical operation of any importance is now performed without its use, and scarcely a journal can be taken up, but that contains some evidence in its favor. We have lately seen it very effectually used in bronchitis, subduing the pain and diminishing the cough after a few inhalations. "Dr. Richter reports in the *Berlin Medecin Zeitung* (No. 32), that Drescher and Lemke, after repeated trials, quite confirm the favorable accounts that have been given of the efficacy of cloroform inhalations in the

treatment of pneumonia and bronchitis. In their mode of employing it, thirty drops of chloroform are poured upon a closely pressed piece of wadding, a finger or two in breadth, which is then wrapped up in another piece of wadding, and held about half an inch from the patient's nose for about five minutes. This is repeated every hour until some remission of the symptoms occurs, when twenty drops are inhaled every second hour until convalescence is established. The subjective symptoms, such as constriction, pain and irritating cough, are usually diminished even after the first inhalation, and entirely disappear from the second to the fourth day. At the same time, the sputa lose their bloody admixture, remaining tough, however, until about the fourteenth day, when they disappear as well as the cough. The frequency of the pulse is diminished by the second day, descending in a case of double pneumonia from 120 to 80. Sweating generally sets in after the first inhalation, and never later than the fourth. As regards the duration of the disease, complete recovery, so that the patient can be discharged, does not seem to take place more rapidly than after treatment by bleeding. The preferability of this treatment arises from the simplicity of application, its applicability in cases in which, from the character of disease or the individual, depletory treatment is forbid, and the rapidity with which the distressing symptoms are relieved, and convalescence is commenced, the patient being able to leave his bed by the fourteenth day."—*Dublin Press*.

Cod Liver Oil—External Use.

Dr. Malmston, of Stockholm, has made many experiments with various animal and vegetable oils by inunction in cutaneous affections, with the result of awarding to cod liver oil the quality, which none of the other oils seem to possess, of exercising a curative influence over such maladies as chronic ecthyma, chronic pityriasis, psoriasis, chronic eczema, impetigo, lupus, scrofulous ulcers, &c. Inunction with the oil did not constitute the entire treatment, as baths and various internal remedies were employed. (See *Hygia*, 1854.)

The following are some of the cases quoted from his work :—

CASE I.—A man, aged thirty-seven, laboring under a high degree of alcoholismus chronicus, and suffering for many months from prurigo formicans, occupying almost the entire body. The skin was dry, of a yellowish gray color ; the itching was very severe. During nearly a year, all the means usually employed or recommended in this affection were in vain had recourse to by the author. In

February, 1849, the patient was rubbed morning and evening with cod liver oil, and an alkaline bath was administered twice a week. During the entire treatment neither his body linen nor the sheets of his bed were changed; no internal treatment was employed. At the end of a week there was a remarkable improvement. On the fourteenth day the eruption had completely disappeared, and the patient was dismissed from the hospital, cured.

CASE II.—A man, aged fifty, admitted into hospital in October, for a chronic general eczema. The disease had lasted nine years, and had been treated after the most different methods; the skin was of a reddish brown color; it was indurated; on all the articular surfaces it was cedematous; it secreted an ichorous serosity. The face was hideous, the skin covering it being thickened and indurated; the eczema extended to the eyelids, producing a chronic ciliary blepharitis. There was intolerable pruritus as universal as the eruption. Arsenious acid was given internally. Externally, inunctions with cod liver oil were employed, as in the preceding case, and two alkaline baths were given each week. At the end of two months the severity of the disease was mitigated; the exhibition of the arsenious acid was suspended, and a decoction of *rhamus frangula* was prescribed to remove constipation; the oily frictions were continued. The patient left the hospital in the month of March, completely cured, having been four and a half months under treatment.

Dr. Malmston concisely reports some cases of the cure of scrofulous ulcers in children, of fistulous abscesses treated with injections of cod liver oil, and even of chronic diarrhœa combated with lavements containing the same remedy. It seems to be especially adapted in its use to those forms of chronic cutaneous affections accompanied by pruritus.—*Arch. Gen. de Med.*

The Sulphate of Bebeerine in Menorrhagia. By A. P. MERRILL, M.D.

Having prescribed the sulphate of bebeerine in a case of periodic fever and neuralgia, and not finding any effect justifying its farther administration, it was proposed to discontinue its use, which was objected to by the patient, on the ground of its restraining excessive menstruation, under which she had been suffering. Prompted by this circumstance, Dr. Merrill made use of the article in other cases, with like favorable results, one of the cases in which he prescribed it being of a very severe character. Dr. Merrill says, several women

of his acquaintance are now in the habit of keeping the remedy always at hand, so implicit is their confidence in it for restraining uterine hæmorrhages.

Dr. Merrill also speaks favorably of the sulphate of bebeerine in leucorrhœal discharges, and it is the only internal remedy upon which he has been able to rely for the relief of *pruritus vulvæ et vaginæ*.

As an antiperiodic, bebeerine seems, in his experience, to be feeble and unreliable; but he thinks it exercises a specific influence of a tonic character over the uterine and genital organs. As a diuretic it is valuable, on which account it has proved useful in uterine affections attended by strangury and dysuria, when these ailments are not dependent upon mechanical causes.

Dr. Merrill has discovered no signs of sedation or of relaxation, such as follow the use of quinine, or any peculiar influence over the organs of sight and hearing, follow the use of bebeerine, and thinks it in a measure counteracts and relieves the symptoms caused by the administration of quinine.

On the Treatment of Scarlet Fever. By B. W. HALL, M. D.

Under the following course of treatment the disease seems to abate, and there is a sudden transition to convalescence, not presenting any of the unpleasant or fatal sequela, that usually attend the disease."****

"Being called to a case of scarlatina, and finding the patient overpowered by the disease, as evinced by a feeble unsteady pulse, deficient capillary circulation, cool skin and extremities, eruption scarcely perceptible or altogether wanting, I direct my patient to be enveloped in a blanket, saturated with hot mustard water, and surrounded with bottles of hot water, over all to be placed dry blankets, to prevent a too rapid evaporation, and to drink freely of capsicum tea.

If my patient, on the contrary, is found with hot skin, full and frequent pulse, I direct him to be enveloped in a sheet wrung out of cold water, and to drink freely of cold spring or ice water. Treatment in each case to be repeated and continued until the desired end is obtained, viz: an equilibrium. In a few hours, often in a few minutes, the first named case will have a soft, firm, regular pulse, a warm moist glow pervading the whole surface, and a free healthy eruption. In the second case, the patient will soon cease his restless tossing about, fall into a sweet slumber, to awake calm and comfortable.

My patients are now relieved, not cured. I then order sulphate

of zinc in solution, two grain doses to be given every two hours, to drink freely of capsicum tea, and to be anointed from head to foot with fresh butter, lard or olive oil, every two or four hours, according to the condition of the skin, this generally is sufficient to prevent a return of the intensity of heat, but if not, I again use the cold sheet.

Since the adoption of the foregoing treatment my patients rarely require my attendance longer than the second or third day, and if in charge of an intelligent nurse, I have little else to do, but to direct, "continue treatment," except such general attention to the bowels, as may be indicated, and treating on general principles such incidental and extraneous affections as may arise in the progress of a case. To the *combination* I attribute the remarkable and speedy relief given. Of this fact I am assured, that when I employed emetics, purgatives and the lancet, my patients lingered, suffered and often died—*now they recover.*—*Southern Journal.*

Administration of Quinine.

Give each hour or second hour, the sixth or twelfth part of a grain, to be taken daily, and leave ten hours interval without any quinine. Gradually increase the dose until head symptoms, as vertigo and pain are produced. In ague, give the medicine so as to produce the maximum effect at the commencement of the febrile action, so as, if possible, to stop the access. In typhoid fever, give it during the night, for the access comes on in the afternoon. Quinine when given in pills, is in three hours only one-sixth as active as when given in solution, in five hours it is four-fifths as active as when in solution; thirty grains in pills does not appear in the urine till six or seven hours after they are taken, while four and-a-half grains taken in solution are traceable in the urine in from three to four hours; fifteen grains used as an enema, appear in the urine in from three to four hours. The absorption of quinine by the sound skin is very doubtful.—(*Briquet*) *Stethoscope.*

Tinct. Ferri Chloridi in Uterine Hæmorrhage.

Dr. Frederick Schriever, of Hamburg, for the last thirteen years has made use of the tinct. ferri chloridi for the suppression of uterine hæmorrhage with most decided success. His manner of using it is to dilute fifty to one hundred drops with three or four ounces of water, according to the severity of the case, and inject per vaginam.

Dr. Schriever also recommends the use of the tinct. ferri chlorid. in cases where paralysis of the uterus and the power of contraction is wanting. For violent hæmorrhage, in cases of placenta prævia, where rapid delivery cannot be effected, Dr. S. uses the tincture, by means of compressed sponge saturated with the liquor, and introduced into the mouth of the womb as high as possible ; this not only arrests hæmorrhage, but hastens dilatation. It may be sued also in cases of cancer of the uterus where profuse bleeding occurs.—*Mon. f. Geb. u. Fran.*

Glycerine as a Dressing to Wounds, &c.

In the Dublin Medical Press (Dec. 5), appears an extract from the Presse Med. Belge, in which [M. Dunarquay called attention to the use of glycerine, as an application in the treatment of hospital gangrene and wounds in general. Reflecting on the physical and chemical qualities of the article, he concluded to try it in dressing wounds ; and having hospital gangrene make its appearance in Hôpital Saint Louis, he had recourse to glycerine, after every other means had failed in combating this affection ; and in twenty-four hours after the application, the wounds had changed their appearance, the fever gone away, and a cure was speedily accomplished. Struck with these facts, he resolved to continue his researches, and consequently all the wounded in the hospital were dressed with glycerine, with the following results :—

Wounds submitted to this mode of dressing have a florid color, and continue so clean that washing and the recourse to the spatula, to remove the cake of cerate and pus which makes the present mode of dressing wounds so tedious and painful, can be dispensed with. Folds of linen smeared with glycerine are removed with the greatest facility, and, besides, this substance moderates the suppuration, as I have ascertained in the case of a number of patients, who before the employment of the new dressing had been using the cerate. The granulations, too, are not redundant, and consequently do not need to be kept down by the application of caustic.

The manner of applying glycerine in dressing wounds is extremely simple. A fold of perforated linen, dipped in the fluid, is placed over the wound so as fully to cover it, a little lint is applied over the linen, and external to these a compress and bandage. The next day the linen can be removed without pain, and the wound appears florid, clean, and scarcely covered with pus.

Glycogenia.

In an interesting article on the Secretion of Sugar in the Human Economy, by Dr. Bernard Henry, he deduces the following conclusions.

That sugar is a normal product in man.

That this principle is secreted in the liver, and that it is a normal function of that organ.

That the source of its supply is from nitrogenized elements.

That the food furnishes it also to the system.

That in the glycogenic function there is a sympathy of relation between the liver, the lungs, and the cerebral centre.

That in the disease called diabetes mellitus the equilibrium of the production and destruction is disturbed, and that any one of these three structures may be at fault, and that it is to one or more of them that our remedies must be directed.

That the experiments of Lehman, Bernard, and Andral, will warrant the careful allowance of small portions of vegetable food in this disease, and thus relieve our patients from one of the most distressing and trying attendants of the present mode of treatment.

That the labors of the physiologist, and, above all, of Mr. Claude Bernard, have paved the way for a better understanding of diabetes mellitus, by demonstrating the condition of the glycogenic function in the state of health ; but that close and more extended pathological observations were called for to render his researches available to the physician for a successful plan of treatment of a disease which is rare, but has thus far proved intractable.—*Med. Ex.*

Chloroform.

Denonvilliers says, in reference to the use of chloroform, that it "can be administered to both men and women, from earliest infancy to extreme old age. Hysteria and epilepsy are not absolute improvements to its employment ; and diseases of the brain, heart or lungs, only interfere with its use when they are very plainly marked.

The debility which follows large hæmorrhages ; the prostration which accompanies strangulated hernias of long duration ; the commotion and stupor caused by extensive wounds ; the crushing injuries caused by falls from a great elevation and complicated gun-shot wounds are undoubtedly contra-indications, because they all favor syn-

cope. The same may be said of the exaggerated fears and cowardice of persons.

Chloroformization is also improper in all operations where blood is liable to be poured out abundantly into the air passages."

These are general, not absolute propositions. "The patient, when about to take chloroform, should be in a horizontal position, and the pulse beneath the fingers of an experienced physician. The chloroform should be given at first in small doses, gradually increasing the quantity. If prolongation of anæsthesia is desired, the chloroform should be brought into requisition with caution, as soon as the patient begins to recover. Always be on guard against syncope.

If syncope supervene, the following course should be pursued :

1st. Place the patient on an inclined plane, so that his feet are elevated, his head occupying the lowest point.

2d. Practice artificial respiration, by regular pressure on the thoracic and abdominal walls, force open the mouth, and, drawing out the tongue, irritate the back of the throat with the finger or spatula.

3d. Open the windows, so as to introduce fresh and pure air.

These means will be successful, if carried to effect with energy and continued perseverance.

Nothing is so effectual in restoring life after the inhalation of chloroform, according to Giraudet, as a current of electro-magnetism through the diaphragm, or along the course of the phrenic nerves.—*Virg. Med. and Surg. Journal*.

Anti-Hydrophobic.

Dr. Mussey, of Cincinnati, reports several cases of wounds caused by the bites of rabid animals, which he treated with iodine with success. His manner of using it, is to apply it in tincture to the wound every five minutes for an hour, and then apply an emollient poultice. The tincture then is to be applied every hour for ten hours, and every four hours for the twenty-four hours succeeding, with a change of poultice every twelve hours until the wounds are healed.—*Cin. Med. Observer*.

Rubus Villosus (Blackberry).

Dr. Cyrus S. Sneed, of Georgia, in an article in the *Southern Journal*, on the qualities of *rubus villosus*, says that he is convinced from careful experiment, that its effectiveness in diarrhœa and dysentery does not depend upon the tannin it contains, as has been gener-

ally supposed, but upon a bitter stimulant or tonic principle, which may be obtained in the form of a fluid extract of a light yellow color, by treating the bark of the fresh root with cold water. This extract, he says, is more efficacious than the astringent preparation. He has found it to produce some extraordinary cures in cases where every other remedial agent had failed. The preparation should be given in small quantities five or six times a day.

Diminution of pain in the application of Leeches.

The leeches are to be placed in a glass half filled with water, which is then to be rapidly reversed upon the part to which they are to be applied. The patient feels the sensation only as if one leech was biting. When they have all taken hold the glass is to be carefully removed, catching the water in a sponge.—*Southern Journal (Revue Medicin.)*

Prolapsus of the Rectum.

M. Duchansey reports, in the *Archives General de Medicin*, a case of prolapsus of the rectum, of four years standing, treated by strychnine endermically around, and as near the anus as possible, beginning with one-sixteenth of a grain on the first day, and gradually increasing to one-half a grain in six days. At the end of this time the case was pronounced cured, and subsequent observation proved the successful result of the treatment.—*Am. Lancet*.

Abstraction of Blood in Poisoning.

M. Magendie taught us to believe that the fuller the vascular system is, the less active is absorption. Prof. Vierordt having instituted some experiments upon animals with strychnia, upon some of which venesection was practised, his conclusions are opposed to those of the learned physiologist, and show that losses of blood retard the invasion of the symptoms, and especially after the period of death.—*Archiv für Physiol. Heilkundue*.

Case of Syphilitic Hemichorea. By DR. COSTELHES, Assistant Physician to St. Lazarus Hospital, &c.

In April, 1852, a woman was admitted into St. Lazarus Hospital, the subject of secondary syphilis. The woman remained under treatment for a space of about five months, with various exhibitions of the

disease. In August, the patient awaked one morning affected with jerking spasmodic contractions of the muscles of the left side, first of the upper and after of the lower extremity. This condition increased in severity, until there was complete hemiplegic chorea. Accompanying these nervous symptoms, which may be considered as syphilitic, in tertiary form, was occipital headache and pain in the left arm from the elbow to the hand, and also in the left eye. The patient was treated with iodide of potassium in about ten grain doses three times a day. Recovery was complete in thirty-one days. It seems therefore that the syphilitic is to be added to the rheumatic, gouty, tuberculous and scrofulous diathesis as causes of chorea.—*Dublin Press.*

New test for Sugar in Urine.—By M. LUTON.

The test is prepared by adding an excess of sulphuric acid to a cold saturated solution of bichromate of potassa, so that some free sulphuric acid will be present when all the chromic acid will be liberated ; it is of a beautiful limpid red color. If sufficient of the test be added to diabetic urine to impart a red color, and the mixture be then warmed, a brisk effervescence ensues, and the color changes from red to emerald green.

The theory of this reaction is simply this : chromic acid being an active oxydizing agent, especially in the presence of another acid, gives up some of its oxygen to the sugar, and the result is carbonic acid, water, and sesquioxide of chrome ; this last dissolves in the free sulphuric acid, and forms the persulphate of the sesquioxide. M. Luton says this test is speedy, and succeeds when the ordinary tests act slowly and obscurely.—*Northern Lancet.*

Paracentesis of the Pericardium.

A young man, aged sixteen, was brought into the wards of M. Trousseau, suffering with intense dyspnœa. There was considerable dulness in the precordial region, upon percussion, which extended from the second rib above, and to the right of sternum, a surface of forty-five cubic inches, with a decided prominence of the left side. There was effusion. The patient, though at first weak and debilitated, became daily more and more feeble under the use of digitalis and counter-irritants, and the dulness reached the clavicle. As a dernier resort, paracentesis was determined on, and accordingly, M. Jobert, making an incision in the fifth intercostal space, through the skin and

cellular tissue, plunged a trochar into the cavity of the pericardium. The canula was left in position for one hour and a half, during which time thirteen ounces of serum escaped. Great relief was obtained by the operation ; the respiration was quiet, and the pulse good. The dulness was found to have diminished three inches below the clavicle. After a few days of improvement, an effusion was found to exist in the left pleura, and increasing. The symptoms became urgent. Paracentesis of the thorax was practised, emptying the pleura of a pint of fluid. The patient speedily recovered without accident.—*Gazette des Hopitaux*.

THE SETON BEFORE THE ACADEMY OF MEDICINE OF PARIS.—A very hot discussion has just been closed before the Academy of Medicine of Paris, on the use of the seton, and a great many instructive facts, both in ancient and modern medicine, connected with that powerful derivative, were brought to light, both by M. Bouvier, the author of the paper and advocate of the practice, and M. Malgaigne, the caustic and epigrammatic decrrier of the seton. There can be hardly any doubt but that the latter eminent surgeon went too far with his condemnation, and the timely use of the seton, especially in chronic ophthalmic cases, will continue in favor with the great majority of practitioners. M. Bouvier employs little cords of No. 1 bougies, and covered with a waterproof composition, instead of the skein or tape.—*London Lancet*.

EDITORIAL AND MISCELLANEOUS.

MEDICAL RESOURCES OF NEW YORK.—Aware that the profession have little idea of the very abundant facilities which New York possesses and makes available to medical students, it has been our constant effort to enlighten them. The constant remark of graduates from other places, that they regret they had not sooner had an accurate notion of what can be seen and studied in this city, convinces us that we are doing a kindness when we make it a subject of remark. Another illustration can be given, which may be in some respects more striking than our previous ones.

Among the medical students connected chiefly with the New York Medical College, a society for mutual improvement was formed early in the present session. At a public meeting held in January, a report

of what had been done in so short a time was read, and one feature strikingly shows what is here at the command of the students. Among other exercises, opportunity is given for the presentation of specimens of interest. After *four* meetings only, and these held weekly, the list embraced eighteen specimens, viz. :—malignant disease of the liver ; malignant disease of the kidneys ; the heart of a rheumatic patient with characteristic deposit ; fatty tumor from the brain ; arrest of development in a foetus ; malignant disease of the upper extremity of the tibia ; ossified thyroid body ; tubercular deposit in the spleen ; gall stones, *fifty-six* from one patient and *two* from another ; the urinary bladder of a child with calculi and abscess ; Pott's disease of the spine ; specimen showing the reparative process in bone ; fibrous tumor from the posterior wall of the uterus, very large ; fibrous tumor from the anterior wall of the uterus ; another from the opening of the right fallopian tube ; anther uterus with a large number of similar tumors in its structure, and one in one of the broad ligaments. Excessive hypertrophy of the heart, eccentric with dilatation of the ventricles ; another malignant tumor on the superior extremity of the tibia.

Many a society of practitioners would be proud of such a number and variety of morbid specimens brought before them at four meetings. This too is not the result of spasmodic efforts though of diligence and is no more than can be done in New York by many others. The advantages to young medical men of seeing, of handling, of studying carefully such specimens, cannot be too highly esteemed, and is an advantage which few students in other cities can boast.

INAUGURATION OF THE NEW EDIFICE OF THE COLLEGE OF PHYSICIANS AND SURGEONS.—This edifice is situated upon 4th avenue and 23d street ; fronting the latter. It is a plain but substantial looking building, its first story being occupied by stores and the remaining two devoted to the proper uses of the College. It was first opened to the public on the evening of January 22d, and the Address was delivered by Dr. Edward Delafield, Emeritus Professor of Obstetrics.

The exercises of the evening consisted of a prayer by the Rev. Dr. Vermilye ; a brief welcome and congratulation of the friends of the College by Dr. Cock, President of the Board of Trustees, and which was better written than read ; and the Address of Delafield.

Dr. Delafield's subject—the History of the College of Physicians and Surgeons—hardly allowed, perhaps, the higher grace of style ;

but it was highly creditable as a literary performance, and very interesting throughout. But its most gratifying feature was its generous and catholic spirit. Dr. D. stated that the three medical colleges in this city flourish and will flourish; and added, in another connection, that he sincerely hoped that all the colleges will prosper; since competition compels more accurate and scientific teaching, and thus advances both the science and the art of medicine. He denounced a dishonorable rivalry as ruinous to the college that engaged in it. Such sentiments ought to influence not a few of the profession of this city—coming as they do from one ripe in years and in reputation, and whose actual experience as well as observation qualifies him to speak decidedly on this subject. He adverted to the fact that students have long been driven from this city, possessing the greatest attractions for the prosecution of clinical medicine that exist in this country, to Philadelphia, by the dissensions and cliques existing here.

We trust, however, that these influences will now cease to exist here; and to their total annihilation the MONTHLY will ever be ready, as it has been, to lend its aid. It is hoped that Dr. Delafield's address will be published, when we shall take great pleasure in laying some extracts from it before our readers. *

JEWS AND TAPE WORMS.—A paragraph is going the rounds stating that the presence of these worms in man is owing to the use of pork as food, and in illustration of its truth, it is asserted that Jews never have them. We suspect some Israelite must have given this the start, and should feel safe in denying that they are free from them. But suppose the germ of the worm does exist in pork, if the meat was eaten uncooked, it might then develop itself into the full entozoon. How it can do so after having been subjected to the degree of heat necessary to cook the meat, and which is high enough to destroy animal life, one does not understand. The same worm has also been found in animals, as the sheep, which do not eat pork or any other variety of meat.

BOOK NOTICES.

How to Nurse Sick Children. S. S. & W. Wood. (From the publishers.)

This is a little pamphlet of 65 pages. It was first published for the benefit of the Hospital for Sick Children, opened in London in

1851, and was addressed to the nurses in that hospital. It specifies the qualification of a nurse, her difficulties, duties, and rewards ; and is replete with excellent advice as to the manner in which she may best perform the duties of her vocation.

The Practitioners' Pharmacopœia, and Universal Formulary, containing 2,000 Classified Prescriptions, &c. By JOHN FOOTE, M.R.C.S., London ; with Corrections and Additions, by an American Physician. S. S. & W. Wood. 1 vol. 12 mo., pp. 390. (From the publishers.)

The above is about one-half of a title, so ambitious as almost to excite suspicion, when we consider the size of the work it heralds forth. And yet we doubt not, on examination, that it is strictly true. We cannot vouch for 2,000 prescriptions, not having counted them ; but we are positive that the purchaser of the book will hardly have occasion to wish there were more of them, though they appear to be selected and arranged with much care.

The work also contains "an abstract of three British Pharmacopœias," (London, Edinburg, and Dublin,) "and much other useful information for the practitioner and student"—the first 38 pages being filled with judicious advice in regard to the treatment of accidents, and of poisoning by the various acrid and narcotic poisons. The practitioner who is so pressed by business as not to find time for careful study, will find in this volume a condensed view of the subjects of which it treats ; and no one who purchases it will regret he has made such an investment.

City Inspector's Report, 1855.

This report extends over the year 1854, and is the product of an immense amount of accurate labor on the part of Thomas H. Downing, the City Inspector. The statistics of so large a city as this are of the highest value and importance, if carefully collected and collated ; and we intend to lay some of them before the readers of the Monthly at a future day.

THE AMERICAN MEDICAL MONTHLY.

MARCH, 1856.

ESSAYS, MONOGRAPHS, AND CASES.

Bronchial Injections : A Report, with a Statistical Table, of One Hundred and Six Cases of Pulmonary Diseases Treated by Bronchial Injections. By HORACE GREEN, M.D., LL.D., &c., President of the Faculty, and Professor Emeritus of the Theory and Practice of Medicine, of the New York Medical College.

It is one year ago last month since I brought before the profession of this country, in a paper read before the New York Academy of Medicine, the subject of the direct medication of the lungs, by means of *catheterism* of the bronchial tubes. The reading of that paper occasioned the appointment, by the Academy, of a Scientific Committee, which was charged with the duty of investigating and of reporting upon this subject. The reports of this committee, consisting of a majority and minority one, were submitted to the Academy, and these, together with the discussion which followed, have been, through the MONTHLY, all laid before its readers.

As this method of treating thoracic diseases has now been continued a twelvemonth longer, during which period a large number of patients have been subjected to this plan, and as the

results of the treatment have been in a high degree satisfactory, I have deemed it incumbent on me to state these results to the members of the profession, many of whom have evinced much interest in this subject. The histories of all these cases have been kept by my assistant, Dr. J. W. Richards, and the statistical table which is here appended has been prepared with much care by him from his notes of the cases, taken during the time of their treatment. It is perhaps proper, also, here to state that the examination of many of these, by auscultation and percussion, was made before treatment, not only by myself, but likewise by Dr. J. Hancock Douglas, of whose skill as an auscultator I shall hazard nothing by saying that it is unsurpassed by few, if by any of the profession, in this country. An examination was also made by Dr. D. in many instances during the progress and at the close of the treatment, and in all such cases the physical signs, as observed by him, are given in the cases reported.

It will perhaps be remembered that the history of several cases, presenting all the physical and rational signs of tuberculosis, were given in the paper read before the Academy, which cases had been treated with apparent benefit by injections into the bronchial tubes. To those who have been interested in this subject—and it is only for those of the profession who regard progress in practical medicine as a desideratum, that I write—it will be a gratification to learn what has been the result in these instances, after a period of twelve or fifteen months. The first case described is that of a patient (a lady) who, having a large vomica in the right lung, was, in fact, in an advanced and hopeless stage of tubercular consumption.* The injections were employed, not with the expectation of curing, but with the hope of relieving the patient. During a period of some fifteen days, “the elastic tube was introduced into the left bronchial division seven times, and on each occasion from one and a half to two drachms of a strong solution of the nitrate of silver was injected into the lungs. Her cough and expectoration were greatly diminished, she breathed with more freedom than before, and she grew stronger and gained flesh in this period.” While she remained under treat-

* Am. Med. Monthly, Jan., 1855, p. 15.

ment, her symptoms improved constantly, but being obliged to return to her home in Connecticut at the end of the above period, she soon after became worse, and died about two months after leaving New York.

The three other patients, whose cases are described on pages 17–22, and who exhibited—certainly two of them—unequivocal signs of early tuberculosis, are all not only alive at this present time, but are in the enjoyment of a much better state of health than when the treatment was commenced. One of these, indeed, Miss V. (see p. 20), called on me eight months after the treatment, and was then in the enjoyment of most excellent health.

In a paper, which I had the honor to read before the State Medical Society, at Albany, in February last, and which may be found printed in the published Transactions of this Society,* I reported several other cases of thoracic disease of much interest, which appeared to have been successfully treated by this plan of tracheal injections. As the previous history and sanitary condition of these patients, on coming under my care, were well known to other medical men, it cannot fail to interest the profession to know the result, after the termination of nearly a twelvemonth, in these cases also. Allusion is made in that paper to twelve cases, in the treatment of which catheterism of the air-passages, for a greater or less number of times, was employed. Of this number of patients, seven “manifested distinct physical signs of the presence of tuberculosis.” Five were affected with chronic bronchitis. The history of one or two of these cases, abridged from the paper to which allusion has been made, I shall give.

December 4th, 1854—J. B. Minor,† Professor of Law in the University of Virginia, came to New York for medical treatment. He was accompanied by his friend and colleague, Dr. Davis, the distinguished Professor of Anatomy of the University. Prof. Minor, as I learned from Dr. Davis, had suffered from thoracic disease, following chronic follicular disease of

* Transactions of the State Medical Society of the State of New York. 1855 p. 233.

† *Ib.*, p. 245.

the pharynx for nearly a year before I saw him. Enfeebled by the journey, the patient was unable to leave his room for a week after his arrival in New York. A severe cough, with great debility, emaciation, and occasional hæmoptysis, were the rational signs most prominently manifested in his case. At the top of the right lung, there is dulness on percussion, and a less degree of expansion of the chest during inspiration is observed, at this point, than in the corresponding portion of the other side. Expiration is also prolonged on this side, whilst the respiratory murmur is augmented in force under the left clavicle. Bronchial râles are heard on both sides, while a severe cough, with large muco-purulent expectoration, which is occasionally streaked with blood, is present. Evidence of the presence of long-continued follicular disease exists, for the mucous crypts of the pharynx have disappeared, and the right tonsillary gland is entirely destroyed, and its place, between the anterior and posterior columns, is occupied by a large deep ulcer. Applications of a strong solution of nitrate of silver were first made directly to the ulcerated portion of the throat and the pharynx, and at the third application the sponge-probang was passed into the larynx. These operations, combined with appropriate general treatment, were repeated daily until the eleventh of December. Under this topical medication, the ulceration in the throat was healed, and the cough to some extent diminished; but this symptom was still severe, and the bronchial expectoration and other thoracic symptoms remained about the same as at first. At this period (Dec. 11th), in the presence of Prof. Davis and several other physicians, I introduced a flexible tube down to the right bronchial division of the trachea, and injected one and a half drachms of a solution of nitrate of silver through this tube into the lung. On the 12th, the injection was repeated, and this operation of catheterism of the air-tubes, alternating occasionally with the use of the sponge-probang, was continued until the 25th of the month. Under this treatment, the cough and expectoration of the patient rapidly diminished, his appetite returned, and his strength and general health improved daily. He had in this time gained several pounds of flesh, his cough and expectoration, which had harassed him for months, had disappeared; and from an enfeebled condition,

which prevented him from walking the distance of a block without assistance, he had regained so much in strength and vigor, that, for several days before he left New York, he walked daily two or three miles without fatigue or inconvenience. On the day of his departure for home, which was on the 25th of December, an examination of his chest was made, not only by myself, but by several other good auscultators, when it was found that the physical signs which were present at first had quite disappeared.

One year has now elapsed since Prof. Minor returned home to resume his duties as lecturer in the University of Virginia. In a letter received from Dr. Davis, some time after his return, he thus writes: "It will be gratifying to you to know that Prof. Minor has not been compelled to suspend his lectures, or to omit his daily exercise, since his return, for a single day." These duties, I believe, he has been enabled to discharge unremittingly up to the present time.

This case of Prof. Minor's is one of great interest, and as it was seen before and during treatment by many intelligent members of the medical profession, I do not hesitate, in view of this fact, to declare that it was one of those cases of thoracic disease, in the successful treatment of which *general* remedies have hitherto utterly failed.

I shall only allude to one other patient, whose case is recorded in the paper to which I have referred.

John Moore,* aged thirty-five, came under treatment Sept. 24, 1854. For several years this patient has suffered occasionally from chronic pharyngeal disease and enlarged and diseased tonsils. One year before, debility, with emaciation, cough, &c., came on, which symptoms continued to increase during the winter and spring of 1854. When first seen, a very troublesome cough, a free muco-purulent expectoration, with dyspnoea, emaciation, and great debility, were the prominent symptoms in his case. The physical signs were correspondent. Dulness on percussion, with crepitating râles, were observed over a part of the right lung. Near the upper portion of this lung, strongly-marked signs of a tubercular exca-

* Trans. State Med. Society, p. 248.

vation were present. These physical signs were observed by several good auscultators.

The same plan of treatment as that employed in the preceding case was followed in the case of Mr. Moore. Topical applications of the nitrate of silver were first made to the pharynx, and subsequently into the larynx and trachea, and these were continued until the 13th of November, when the use of injections into the bronchial tubes was commenced. These operations, together with appropriate general treatment, were continued until the 15th of January. Within twenty-four hours after the first injection, both the cough and the expectoration of the patient began to diminish. He soon commenced to regain flesh and strength, and every unfavorable symptom continued steadily to decrease. On the 6th January, 1855, along with my colleague, Prof. E. H. Parker, I made a careful examination of the patient's chest. The respiratory murmur could be heard full and clear on both sides; prolonged expiration in one location was the only abnormal sign present.

January 25th—Mr. Moore called and reported himself "quite well." He has no cough or expectoration except some slight raising in the morning. He is quite strong and hearty, can walk any reasonable distance, and attends constantly to his ordinary business.

Nearly a twelvemonth has passed since this patient was dismissed. During this period, he has been able to attend constantly to business, and still continues in the possession of an ordinary degree of health.

This was one of the patients seen by the Committee appointed by the Academy to inquire into this plan of treatment, and in whose presence the tube was introduced into the trachea, "and an injection of a solution of nitrate of silver of the strength of thirty-five grains to the ounce was thrown in."*

In this paper, read before the State Medical Society, allusion is made to ten other cases, in the treatment of which catheterism of the air-passages, for a greater or less number of times, was employed. Several of these patients manifested distinct

* American Med. Monthly, July, 1855. p. 40.

physical signs of the presence of tuberculosis. Five of the number were affected with chronic bronchitis, in four of which the disease had continued several years, and was complicated with incipient tuberculosis. "These cases were all treated at first by cauterization of the larynx and trachea, and by appropriate general treatment, followed by the injection of the solution into the lungs. Some have already been dismissed cured, or materially relieved ; others are still under treatment, and the result, of course, cannot at present be given."

Included in the tabular statement which follows at the conclusion of this paper, will be found, not only a further history of these cases, but also a tabular record of all the cases which have been treated by tracheal injections during the last year, or since I presented before the New York Academy of Medicine my first paper on this subject. The whole number of cases in which this treatment has been employed since its adoption, in October, 1854, amounts to one hundred and six. These cases are given in their chronological order, but they may be arranged very appropriately into four principal divisions, namely, *incipient tuberculosis, advanced tuberculosis, bronchitis, and spasmodic asthma.*

Although all the principal points in these cases, and the result of the treatment, so far as this can be known, are given in this tabular statement, yet I shall select from each of these divisions one or more cases, whose history and management will be more fully detailed, in order the better to illustrate that class of diseases for the treatment of which this form of topical medication is the most appropriate.

I.—Cases Presenting the Usual Rational and Physical Signs of Incipient Phthisis.

CASE I.—R. L., of Springfield, Mass., aged thirty, of large frame, dark complexion, hair, and eyes, came under treatment November 3d. 1854. In September, 1853, he contracted a severe cold, which was followed by a hard, dry cough. Free expectoration of mucus at length took place, and this, together with the cough, continued through the following winter. These symptoms were abated somewhat during the summer of 1854, but the cough never entirely left him, and on the approach of

cold weather all his unfavorable symptoms were greatly increased. Examined November 3d, 1854, his case presented the following symptoms :—He was emaciated ; sallow countenance, constant cough, which was now attended with muco-purulent expectoration ; night sweats, frequent pulse, hoarseness, with chronic folliculitis. On examining the chest, there was dulness on percussion under the right collar bone, and auscultation revealed sibilant and crepitant râles, with prolonged expiration throughout the upper part of the right lung, and decided increase of the vocal resonance. On the left side, the respiratory sounds were slightly augmented in force, but otherwise normal. His mother, who accompanied him, stated that the family was not supposed to have any hereditary tendency to consumption. At a subsequent visit, a few days later, Prof. E. H. Parker and Dr. Douglas both examined this patient, and finding the above signs present, coincided with me in the opinion that tubercular exudation existed in the right lung.

The treatment consisted of both local and general measures. Topical applications of the nitrate of silver were made first to the fauces and pharynx and aperture of the glottis, and subsequently into the larynx and trachea, and the iodide of potassium, with the proto-iodide of mercury, was administered internally. These measures were continued (the applications being made almost daily) until the 17th of November, when the tube was introduced, and a drachm and a half of the argentine solution injected into the right tracheal division. Between the above period and the 20th of December, at which time the patient left for his home, this latter operation of catheterism was performed fifteen times, and on each occasion from one to two drachms of the solution of the strength of from twenty to thirty grains to the ounce of water were employed.

Under this treatment the patient improved gradually, but constantly ; his cough and expectoration diminished ; his strength increased ; he gained flesh ; and nearly all his unfavorable symptoms disappeared. A corresponding improvement took place in the physical signs. Before he left, Dr. Parker again examined this patient, at my request. Some dulness is still apparent at the upper portion of the right lung, yet much less than at first ; but the crepitant râles have disap-

peared, and the respiratory murmur can be heard throughout the whole extent of the right lung. The patient has an occasional slight cough, but with little or no expectoration. Says he has a good appetite and "feels well."

This present month, December 13th, one year later, Mr. L., being in New York, called at my office. He is looking well, has gained still more flesh and strength, has been able to attend to his business constantly, as a merchant, during the past year. At this time a minute examination of the patient's chest was made by my assistant, Dr. Richards, and myself, and a flatness, on percussion, over the right lung, was the only abnormal sign that could be detected.

Remarks.—If dependence is to be placed for a correct diagnosis upon the admitted rational and physical signs of tuberculosis, then this patient's case presented at first the unequivocal indications of the presence of this disease; and although we cannot yet positively aver that these abnormal symptoms have all disappeared, still it must be admitted that we have every reason to believe that an arrestment of the pulmonary disease, in this case, has been effected.

CASE II.—During the latter part of last summer, I received a letter from Prof. Bledsoe, of the University of Virginia, requesting me to take under my care the daughter of a particular friend of his, (the Rev. Dr. S., of that State,) who was considered by her friends to be suffering under pulmonary disease. It was proposed that she should visit New York as soon as the summer heat had subsided.

September 10—Miss S. came to my office, and her case was examined. Eighteen months before, when about nineteen years of age, a slight cough came on, attended with emaciation, loss of appetite, and occasional hæmoptysis. In May, a little over four months previous to her visit to New York, she became worse, her cough was harder and more frequent, and the expectoration was frequently mixed with blood; these were among the symptoms that characterized her case at the time of her first examination. She is tall, has a narrow chest, a dark, sallow countenance, with considerable emaciation. On examination of the chest, there was marked dulness under the right clavicle, with feeble respiration; the expiration was prolonged,

and crepitant râles were quite apparent throughout the upper portion of the right lung ; the left lung appeared normal. A severe cough, with muco-purulent expectoration and frequent hæmoptysis, were the prominent rational signs. The patient and most of her friends had had no faith in any other but homœopathic treatment, and she had been induced to seek for other aid only through the earnest solicitation of her father's friend, Prof. B.

It will be unnecessary to detail minutely the measures adopted in the treatment of Miss S.'s case. The iodide of potassium in combination with the bitter vegetable tonics was administered. Topical applications with the sponge-probang were made to the aërial passages for several weeks, followed by the injection of the nitrate of silver solution into the right bronchi, as in the preceding case. The phosphate of manganese, with the tincture of cinchona, and a genèrous diet, were also ordered for the patient towards the close of the treatment. The topical measures were continued until the 29th of October—for a period of six weeks—when the patient left the city to visit some friends residing in Massachusetts. At this time her unfavorable symptoms had nearly all disappeared. She coughed but very little, and had but little expectoration, and no hæmoptysis. Her flesh and strength had both increased, and her countenance and general appearance were both indicative of returning health.

On the 16th of November this patient returned to New York, on her way to Virginia. At this time I made an examination of her chest. A little flatness on percussion is perceived on the right side, but the respiratory murmur is heard distinctly throughout the entire lung ; no râles can be detected. She has no cough, no expectoration ; has gained still more in flesh and strength, and says, with the exception of her chronic catarrh, she "feels quite well." She was directed to continue her tonic, to live well, and in appropriate weather to exercise in the open air.

Miss S. returned to Virginia, and I heard nothing more of her case until the present month, when I received a letter, dated January 17th, 1856, from which I extract the following :

"My general health, since my return home, has been very

good. I have discontinued the tonic which you gave me, because it seemed to have fully accomplished its work. My appetite is good, I look well, and have fully my usual strength."

Remarks.—In the discussion which took place in the New York Academy of Medicine on the employment of topical medication in the treatment of cases of pulmonary disease, it was asserted by a member of the committee that no reliance could be placed on the apparent improvement of patients under these circumstances, as it is well known that consumptives often made great improvement for a time, "under the hope inspired by a new mode of treatment."

The favorable change, however, which has attended the treatment of Miss S.'s case cannot be attributed to any "controlling faith" in its efficacy, as may be seen from the following extract from the letter from Prof. B. to which I have referred: "Miss S. thinks you will do her no good, and her mother is entirely opposed to the experiment. * * * * I take this step in opposition to the wishes of every other member of her family, and of the family connexions. They all fear that consumption will follow. I am sure if it should, it will not result from your treatment; and feeling thus sure, I am determined to take the responsibility. If it should follow, I shall be blamed for the pertinacity with which I have insisted upon the abandonment of homœopathic quackery, and on the necessity of applying to you. But I am satisfied; for I know that I am doing right."

CASE III.—C. H., of Jersey City, aged thirty, an officer of the Customs, had shown some indications of thoracic disease, when about twenty-two years of age, for which a change of climate was advised. In January, 1849, he sailed for California, where he remained over two years, returning to New York in March, 1851, apparently in good health. In April, 1855, by exposure in a storm, he took cold,—a cough came on, followed by expectoration, night sweats, great loss of strength, hæmoptysis, and emaciation. During a part of the summer of 1855, he was under homœopathic treatment, but without any improvement. He then consulted a physician of this city, by

whom his night sweats were relieved for a time, but his cough, emaciation, and other symptoms continued.

"On the 15th of September," (I shall here quote from the record of my assistant, Dr. Richards,) "C. H. came under our care, with the following symptoms: countenance dusky, pale, wrinkled; cough severe, particularly in the morning, when he expectorates large quantities of muco-purulent matter; is very feeble, emaciated, weighing only ninety-four pounds; loss of appetite; skin dry and feverish; pulse 110. He has chronic pharyngo-laryngeal disease, with elongated uvula.

"The physical signs indicate extensive bronchial disease of both lungs, complicated apparently with tuberculosis of the right lung. There was dulness on percussion under the right collar bone, moist crepitating râles, with prolonged expiration."

Treatment.—A portion of the elongated uvula was removed. Applications of a solution of the nitrate of silver were made once in two or three days to the pharyngo-laryngeal membrane, and the iodine, with vegetable tonics, was internally administered. The cauterizations were continued until the 20th of October, when the patient not improving in his general symptoms (although his cough and expectoration had in some degree diminished), the flexible tube was introduced, and a drachm of the solution injected into the bronchial divisions. The same result which had followed the employment of the tube in many other similar cases occurred in this instance, the cough and expectoration diminished more rapidly than before its use. These injections, alternating with the use of the sponge-probang, have been continued up to the present time, January 1st, 1856, and the following is the patient's condition:—He has nearly regained his usual strength; has very little cough or expectoration; pulse much diminished in frequency; and his present weight is 115 lbs.

Auscultation reveals slight bronchial irritation of the right lung; no râles, no prolonged expiration; the respiratory murmur is feeble, but distinct over the whole of the right lung.

January 14th—Examined Mr. H. to-day, and find his pulse at 74. He has neither cough or expectoration except a little "clearing of the throat" in the morning. He feels quite well,

and looks well, and is quite able now to attend to all his duties as an officer of the Customs.

CASE IV.—In December, 1853, A. Y. R., twenty-six years old, came to this city, with a letter from Dr. Smith, of Riga, by whom the patient was recommended to my care. Seven years before he had an attack of mumps, and, following that disease, had experienced more or less irritation in the throat, which was caused by an occasional cough and a disposition to clear the throat by frequent "hawking."

About one year ago a cough came on, which has been prominent ever since. Four or five members of his family have died of phthisis.

Present condition : The patient is emaciated, has a phthisical aspect ; the pulse is accelerated ; cough and expectoration considerable, and during the last year he has had an occasional hæmoptysis. Over the apex of each lung percussion elicited sounds slightly dull ; respiration decidedly rude, with resonant voice on the right side, left, tolerably clear.

Both tonsils were enlarged and diseased ; the right gland had two large openings in it, through which pus oozed when the tonsil was pressed upon by the finger ; the uvula was elongated, and the pharyngeal membrane covered with enlarged and diseased follicles.

The hypertrophied and diseased portions of the tonsillary glands were excised, the uvula truncated, and the applications of the nitrate of silver made to the fauces and pharynx, and subsequently into the larynx. The local, with appropriate general treatment, was continued about four weeks, or until January 9th, 1854, when the patient returned to his friends, considerably improved in health. His cough and expectoration were much improved, and he had regained flesh and strength. These favorable symptoms continued until some time in February, when, being exposed at night in an open carriage, he took cold, and all his unfavorable symptoms returned with increased severity.

He came back to New York the 27th of the same month, and was again under treatment, both topical and general, for several weeks. He was once more greatly benefitted by the treatment, and although the cough was never entirely absent,

and the hæmoptysis occasionally recurred during the whole season, yet he increased in weight and strength, and was enabled to attend to his ordinary mercantile business through the Spring and Summer of 1855. Sometime during this latter period, Mr. R., being in the country, had unfortunately an attack of influenza, by which his former symptoms of pulmonary disease were renewed with increased severity. He did not, however, return to the city until quite late in the Fall, so that a period of eight months intervened between his last treatment and the 5th of November, when he once more came under my care.

He was now considerably emaciated ; had purulent expectoration ; and the hæmoptysis, which had occurred moderately at intervals for three years past, was more copious, and more frequent in its recurrence. Auscultation revealed the existence of a tubercular deposit in the right lung, and the rational signs present confirmed this opinion.

Recourse was again had to cauterizations of the larynx and trachea, together with the internal administration of those general remedies, which had before benefitted the patient. But their use was not followed by that improvement which had attended their earlier employment, for the cough and expectoration continued, and the attacks of hæmoptysis, which for three or four months had occurred at very regular intervals—once in two weeks—had become severer than ever. The tube was now used, and injections of a solution of nitrate of silver were thrown into the bronchi every second or third day, for several successive weeks. Improvement began with the adoption of this treatment, and continued constantly to advance during its employment. There was no return of the hæmorrhage after the first bronchial injection ; the cough and expectoration rapidly decreased, and the patient gained daily in strength and weight.

On the 30th of November, this patient was examined in the presence of several medical gentlemen who had watched the progress of his case during the treatment. His countenance has lost its phthisical aspect ; he has increased several pounds in weight in the last six weeks. His cough and expectoration have nearly disappeared. The dulness over the right lung is

barely perceptible, the respiratory murmur is present, but neither râles nor prolonged expiration can be detected. He returned to his home in better health than he has had for years.

II.—Cases exhibiting the Effect of Catheterism of the Lungs in the Advanced or Confirmed Stage of Tuberculosis.

Since the proposition was made to employ injections in the treatment of advanced phthisis, the question has frequently been asked, whether it is claimed that the tubercular cavities may be injected, or what is the therapeutic object proposed to be obtained by this treatment? "When these cavities communicate with bronchial tubes, and are not seated in the upper portion of the lungs," it is undoubtedly possible that this operation may be performed, although its positive accomplishment has never been claimed; but this is not the end desired. Recent histological observations have fully established this pathological fact, that in all cases of tubercular deposit, there occurs in the immediate vicinity of the exudation more or less of an inflammatory action, in which all the adjacent structures are involved. The bronchial membrane, and the pulmonary parenchyma, become at once congested, and subsequently inflamed. The terminal extremities of the bronchi, says Prof. Bennett, are among the first structures affected, and as the tuberculosis proceeds, all the appearances characteristic of chronic bronchitis are produced, and are constantly going on in the progress of a case. "Consequently," he observes, "the great problem to be worked out, in the treatment of pulmonary tuberculosis, is that, while on the one hand, it is a disease of diminished nutrition and weakness, and consequently requires a general invigorating and supporting system of treatment, on the other it is accompanied by local excitement, which demands an antiphlogistic and lowering practice." *

It is to meet this last indication—to subdue the local inflammatory action in the immediate vicinity of the exudation—an action which, if continued, will not only effectually prevent the disintegration and absorption of the tubercular mass, already

* The Pathology and Treatment of Pulmonary Tuberculosis. By John Hughes Bennett, Professor, &c., in the University of Edinburgh. p. 68:

formed, but which will tend to augment the mass, that applications of the nitrate of silver solution to the congested and inflamed membrane are advised in early as well as in advanced tuberculosis. The following cases will illustrate the effect of this treatment, when employed late in this disease.

CASE V.—B. M., aged thirty-six years, from Pittsburg, Pa., in height over six feet, with full chest, dark eyes and complexion. Has had an occasional cough, with chronic folliculitis, for four years; until 1854, was always better in Summer. In June of this year, hæmorrhage from the lungs occurred, and again in October, his cough also increased, and emaciation and night sweats followed. Accompanied by a younger brother, who for several months had suffered under symptoms similar to his own, he came to New York in October, and both placed themselves under a doctor, whose newspaper advertisements offered, through "inhalation," a cure to all consumptives. During a period of five months, inhalation was faithfully followed. In two weeks after commencing this treatment, a severe pulmonary hæmorrhage came on, and this occurred four times during the treatment. The patient continued to emaciate; his cough and expectoration increased, and he grew daily weaker. He was advised to go South, and left the latter part of the Winter for a milder climate. Not being benefitted, however, by the change, he returned to New York again, and on the 20th of April, 1855, came, with his brother, (in whose treatment inhalation had proved equally unsuccessful,) and placed himself under my care.

The case at this time exhibited every sign, both rational and physical, of confirmed phthisis. The right lung appeared full of tubercles, and auscultation revealed a large vomica in its upper portion. On directing the patient to cough, the succussion produced a distinct "splash" in the cavity, occasioned by the motion of the air through its fluid contents. A severe cough, emaciation, hectic, and night sweats, were present. The patient was very feeble, and daily expectorated large quantities of pus, mixed occasionally with blood. Mr. B., who was a well-educated and an accomplished gentleman, understood well the incurable nature of his disease; but he expressed a desire to submit to any plan of treatment that would tend to mitigate

the severity of his symptoms. To detail fully the treatment which was adopted will be unnecessary. The sponge-armed probang, wet with a forty-grain solution, was first applied to the pharynx and glottis, and subsequently to the larynx and trachea, and a supporting plan of general treatment was adopted.

After some eight or ten applications, the flexible tube was without difficulty introduced into the trachea, and a drachm and a half of the solution thrown into the right bronchia. This treatment was continued over two months, catheterization being employed about three times a week during this period.

As constitutional remedies, the phosphate of manganese, with vegetable tonics, and a generous diet, were also advised. The effect produced on the patient by the first injection was remarkable ; his cough and expectoration were almost entirely arrested for twenty-four hours, without the occurrence of any unpleasant symptoms ; and the patient continued to improve daily as the operations were repeated.

July 10th—Mr. B. was to-day examined by several of my medical friends, who saw and examined the case at first, and who have watched its progress during the above treatment, and the following is found to be his condition.

He has gained considerable in weight. With the exception of a slight coloring of blood, occasionally seen in the expectoration, the hæmorrhages have entirely ceased since the employment of the injections ; the cough and expectoration have lessened more than one half ; his strength is greatly improved. The moist râles and “ splash,” which were heard at first in the right lung, cannot be heard, but there is still dulness on percussion, and a dry blowing sound is observed in the place of the vomica. Mr. B. wished to leave the city during the greatest heat of the Summer ; he was advised to go to Lake Superior, and he left on the 14th of July for that region.

Several times during the Summer and Fall Mr. B. was heard from through his friends, and in every instance the report was favorable with regard to the continued improved condition of his health.

January 8th, 1856—To-day, Mr. B., who has returned to New York, called at my office. He appears in better health.

than when he left the city, six months ago, and says that while he was in the region of the Lakes, he felt quite well, that he had neither cough nor expectoration, and was able to endure much exposure and fatigue, as he did in hunting and fishing, without any injury to him whatever. He had not time then to have his chest examined, but has promised to call in a few days for this purpose.

CASE VI.—G. B., a resident of Nashville, Tenn., thirty-two years of age, called on me October 19th, 1855, bringing a letter of introduction from Dr. Wallace, of Dublin, Ireland. He had just returned from Europe, where he had spent several months for his health, having consulted, while abroad, several distinguished foreign physicians, and among them Dr. W., under whose treatment Mr. B. had been for some time, and who commended him to my care, on his arrival here. Dr. W. had considered his case, and had treated it as one of chronic folliculitis, complicated with tuberculosis.

The following is the record from the case-book of Dr. Richards:—Our examination revealed ulceration of the tonsils and elongation of the uvula, with disease of the follicles of the pharynx, and ulceration of the sub-tonsillary fossæ, œdema of the epiglottis, and ulceration of its border. By auscultation and percussion, the presence of tubercles in both lungs was discovered, most extensive in the right, in the upper lobe of which a large vomica was found. The rational symptoms were marked and urgent, viz., aphonia, cough severe, with abundant purulent expectoration, emaciation, countenance pale and sunken, great debility, with nervousness and sleeplessness at night.”

The same plan of treatment which was employed in the preceding cases was adopted in this. Topical medication of the upper part of the respiratory passages was followed by injections of the fluid into the bronchi. “The patient gradually and steadily improved under this treatment; his cough diminished constantly after the commencement of the local treatment, without the administration of any cough mixture whatever, and the expectoration decreased and became more mucous. The treatment was continued about four weeks. On the 13th of November, he left for his Southern home. Examining his case at this time, I noticed the following improvements: The

cough and expectoration had greatly diminished—considerably more than one half in amount; he had nearly regained his voice; his strength was improved; and the cavity on the right lung was sensibly diminished, and was completely dry. Mr. G. has not been heard from since he left.”

Dr. Cotton, of London, who, in his valuable work on consumption, highly recommends topical medication in the treatment of laryngeal phthisis, says that, although he has known “the voice regained, the irritable cough removed, and the tenderness and difficulty of swallowing dissipated entirely by it” * in this disease, yet he would not advise it to be practised when the pulmonary disease is in a *very* advanced stage, and the strength of the patient much exhausted.

I confess I have never seen any injury result from the use of topical medication appropriately employed, even in the latest stages of the disease. As a palliative, it fails in some cases, but in many instances have the last words of the dying consumptive been employed, in expressing his gratitude for the relief afforded him from that irritating and harassing cough which so often torments the patient in the later period of this disease.

CASE VII.—In August of last year, Dr. Mason, an intelligent physician from Alabama, came to New York, with his brother, a young gentleman twenty-one years of age, then in an advanced stage of consumption. The pulmonary disease had been preceded by, and was complicated with, severe chronic laryngitis. The epiglottis was œdematous, and it, together with the sub-tonsillary fossæ, was extensively ulcerated; there existed, consequently, great difficulty of deglutition and complete aphonia. The patient was extremely emaciated, and very feeble—more so, because the great difficulty in swallowing had prevented him, for many weeks, from taking food, except in very small quantities. The physical signs indicated the existence of tubercles in both lungs, but the disease had made much the greatest progress in the right lung. Dr. Mason desired me to take charge of his brother, and to do all in my power to relieve him

* The Nature, Symptoms, and Treatment of Consumption. By Richd. Payne Cotton, M.D., &c. pp. 237–8.

and to prolong his life. In order to lessen the difficulty of deglutition, and to allay the constant irritation of the throat, the ulcerated parts were cauterized with a solution of the strength of 80 grs. of the nitrate of silver to an ounce of water. Under the local and a general tonic treatment, these urgent symptoms were greatly relieved for a time. Dr. M., who remained with his brother several weeks, and who had observed the beneficial effects of the treatment in other cases under my care, was anxious to have the injections employed in his brother's case, with the hope that the pulmonary disease might to some extent be arrested. These were employed, but they failed to produce any permanently beneficial effect.

Although the cough and expectoration appeared for a short time to be diminished, yet the pulmonary disease continued to make rapid progress. On the 25th of September, Mr. M. left for his home in Alabama, and died in the following November.

In several other similarly complicated and advanced cases, where the laryngeal symptoms have predominated, the pulmonary injections have not afforded that relief we are sure to obtain from the use of the sponge-probang; but still, in none of these instances have I observed any unfavorable symptoms to follow their employment, unless this may be considered to have been the result in case 100. This case was that of a gentleman from Jacksonville, Florida, who was hereditarily predisposed to the disease. He came to this city in October last, in an advanced stage of tuberculosis. He had declined very rapidly, was greatly emaciated, having lost fifty-five pounds of flesh during the six months that preceded his visit to New York. His cough was harassing, and was attended by a profuse, purulent expectoration, with occasional hæmoptysis. The presence of a large vomica was revealed in the left lung, by the heavy plash which was heard whenever the patient coughed.

The treatment was commenced on the 28th of October, and for a time the patient improved rapidly. "At this stage of the case, Nov. 7th, (I quote from Dr. R.'s case-book,) Mr. S. seemed greatly improved; the cough and expectoration were well nigh gone, the plash was less, and he felt much better every way, except in his sleeping. Upon his reporting that he

slept but two or three hours each night, a mild anodyne was prescribed (McMunn's elixir), of which he took a few doses; in all, about two drachms.

After this, he became perfectly wakeful; did not sleep at all for forty-eight hours, and but very little for a week. From this time he gradually failed; no appetite and no sleep; no pain; no diarrhœa; but occasional profuse perspiration, with great and increasing dyspnœa, until November 26th, when he died. Did the improvement (drying up of the vomica?) intensify the disease in other parts of the lungs, or in other organs?"

No autopsy was permitted.

III.—Cases of Bronchitis Treated by Catheterism of the Bronchial Tubes.

In the paper read before the New York Academy of Medicine, on the subject of topical medication of the air-passages, it is maintained that whenever, in the treatment of bronchial disease, this remedy has been freely employed, its effects have been invariably salutary. Subsequent experience in the treatment of chronic bronchitis will fully sustain this favorable opinion of the results of the practice.

I shall attempt to illustrate its effects by a report of one or two cases only.

CASE VIII.—A young man, aged twenty-three years, from the interior of Pennsylvania, called on me the 7th of Sept., 1855, bringing a letter from his physician, by whom he had long been attended, requesting me to examine the patient, and treat his case in the manner I should deem advisable. His disease, on examination, proved to be chronic bronchitis, long continued, and of a severe character.

Six years before, he had first suffered from an acute attack of the disease, from which he had been relieved. The affection was renewed once in two or three months afterwards, for a period of three or four years; but it became at length chronic, and continued.

Auscultation revealed extensive bronchial inflammation of both lungs, but the left side was more involved than the right. Some signs of a tubercular deposit in this lung were apparent;

for the free, muco-purulent expectoration was often mixed with blood, and slight dulness was evident on percussion; but his pulse was moderate, 80 in the minute, and he had no hereditary tendencies. At some periods, when the paroxysms of coughing were very severe, the patient would expectorate eight or ten ounces in the course of the twenty-four hours, and occasionally, though rarely, almost pure blood was raised. He is not greatly emaciated, and his strength is tolerably good, but he cannot endure severe exercise.

Treatment.—Cauterizations with the sponge-probang were applied for a week or ten days to the opening of the air-passages, until the peculiar irritability of these parts was allayed, when the tube was introduced, and a solution of the nitrate of silver was injected into the bronchi. An issue was applied to the left chest, and the following mixture internally administered in doses of a fluid drachm twice daily:—

R Decoct. Senegæ.		ʒiv
Potassæ Iodid.,		ʒiiss
Tr. Opii Camph.,		
Syr. Tolutan.	aa	ʒj
Fiat misturæ.		

The patient began to mend with the commencement of the topical applications, but his improvement was much more rapid after the injections were employed.

All his unfavorable symptoms diminished daily, so that by the fifth of October he felt sufficiently restored to return to his home—and he left the city on the above date, greatly improved in health.

CASE IX.—Mrs. M., aged thirty-eight, of this city, consulted me, February 2d, 1855, for a bronchial disease of six years standing. Several years before, when engaged in general practice, I had attended this lady in her confinement, at which time the bronchial affection, under which she labored, was somewhat aggravated by the occasion; she, however, regained her ordinary degree of health, but the bronchial disease still continued.

During an absence abroad, in 1851, this lady passed under the care of another physician, who continued to attend her until within a short time of the above period. An examination

of Mrs. M.'s case, at this time, revealed follicular disease of the pharyngo-laryngeal membrane, œdema of the epiglottis, with ulceration of the sub-tonsillary fossæ, attended with almost complete aphonia. The physical signs present indicated extensive bronchitis of both sides of the chest. The cough was very severe, and large quantities of a ropy, adhesive expectoration—sometimes muco-purulent in its character—were daily discharged. All these symptoms had become much aggravated during the few months which preceded her visit to me.

The treatment was first directed to the throat and larynx. Applications of a strong argentine solution was made to the fauces, about the epiglottis, and into the larynx, every second or third day, for several weeks.

Under this treatment, the ulcerations of the fossæ were healed, the inflammation and œdema of the epiglottis subdued, and the patient's voice restored, but the bronchial disease continued.

March 7th—The tube for the first time was passed down the trachea, and a drachm or a drachm and a half of the solution injected into the bronchi. These operations, with the occasional application of the sponge-probang to the fauces and larynx, were continued until the 6th of April, when the patient was dismissed cured.

February 3d, 1856—Have seen Mrs. M. to-day. She has had, since her treatment, and still enjoys, a good degree of health.

IV.—Cases of Spasmodic Asthma Treated by Bronchial Injections.

In the recent valuable work of Prof. Watson, of Glasgow, "On the Topical Medication of the Larynx," he has reported several cases of spasmodic asthma, as having been successfully treated by means of topical applications of the nitrate of silver to the larynges of his patients. The following case will be read with much interest.

CASE X.—"A lady,* above middle age, had for several years been the subject of chronic bronchitis, when suddenly,

* On the Topical Medication of the Larynx in Certain Diseases of the Respiratory and Vocal Organs. By Eben Watson, M.D., &c. p. 133 et seq.

and without any very apparent cause, she was seized with a marked attack of spasmodic asthma, and after a short but severe illness, she found her former symptoms importantly changed. The violence of the cough was diminished, but it came on in fits of a rapid succession of short coughs ; the expectoration was not so profuse as formerly, but the dyspnœa, which preceded and accompanied the fits of coughing, was so great as to oblige her to maintain the sitting posture day and night. I need not add that her face had a livid color and most anxious expression, and that her extremities were apt to become cold. The physical signs corresponded with the general symptoms of disease.

The percussion sound was less clear than natural, the respiratory murmur was feeble and obscured by loud bronchial and consonating râles, and it was entirely absent for a short time during each paroxysm. Its restoration was ushered in by a long stridulous inspiration and loud sonorous ronchi throughout the chest.

Here, then, was a case of chronic bronchitis ending in asthma ; and there can be no doubt that the glottis was very much affected by the spasmodic contraction which characterizes that disease. If anything is wanted to prove this, it is to be found in the nature of the treatment which was successfully employed in combatting the disease. For, with the exception of a few blisters, to counteract the bronchial inflammation, and some anodyne draughts to procure ease and gain time, the only remedial means used were topical applications of a solution of caustic to the glottis. In three weeks the patient was free from all asthmatic tendency, the bronchitis remaining little changed from what it had been for years previously ; and it is worthy of remark, though I do not wish to build anything upon it, that no return of the asthma has occurred since the one attack just mentioned, which happened fully two years ago."

The employment of injections of a solution of nitrate of silver, instead of the sponge-armed probang, in the treatment of diseases of the air-passages, is only a more extended application of the same remedy to the remoter diseased parts.

When the morbid action is limited to the glottis and larynx, the appropriate medication of these localities will be sufficient

to arrest the disease ; but who does not perceive, in this case of Dr. Watson's, that, if the bronchial membrane had been injected by the same solution that was successfully applied to the affected larynx, the chronic disease of this tissue might also, in all probability, have been arrested. In the last edition of my work on Diseases of the Air-passages, several cases of spasmodic asthma are recorded, in the treatment of which cauterizations of the larynx were employed with complete success. The following is one of these cases :

CASE XI.—Mr. B.,* aged forty-seven, from Ohio, came under my care in 1847. He was laboring under an aggravated form of asthma, which had affected him for years. The disease was accompanied, and indeed had been preceded, by a chronic inflammation of the muciparous glands of the pharyngo-laryngeal membrane. At first, the attacks of asthma occurred at irregular intervals, a period of many weeks sometimes intervening between the paroxysms. At the time of my first seeing the patient, the fits of the disease had attained a frequency and a severity such as to deprive him of all enjoyment, and at times, almost to destroy life. For many months preceding his visit to New York, the paroxysms came on during every night, at almost the same hour, and continued, with the greatest severity, for a period of from two to four hours, and, in many instances, such was the oppression of the chest, that his life was despaired of by his friends. This was the case the night after his arrival in the city. The attack came on at two o'clock, the usual hour, and continued, with unusual severity, until six o'clock in the morning. I saw him for the first time the following day, and found him very feeble, and still breathing with considerable difficulty. As all the ordinary remedies, I found, had been employed in his case unsuccessfully, it was proposed at once to cauterize the larynx with the nitrate of silver.

The patient expressed his fears that the application would produce an immediate return of the spasm, as it was now not unfrequently brought on by inhaling dust, and even, in some instances, by an attempt to swallow food or liquids. The

* A Treatise on Diseases of the Air-Passages. p: 289 et seq.

pharynx and fauces were, however, cauterized, with a strong argentine solution, and as no very great irritation was induced by this measure, the sponge saturated with this fluid was soon after passed freely into the larynx. A moderate degree of spasmodic action of the glottis, and a severe fit of coughing, followed this last operation, but these quickly subsided, and the patient's respiration was performed with more freedom soon after the first application.

The return of the usual hour for the occurrence of the paroxysms was watched with considerable anxiety, by the patient and his friends, but he passed a very comfortable night, with only some cough and a slight difficulty of breathing, which came on for a short time, at the hour of the expected paroxysm. The next day the larynx and the trachea were again cauterized; and this operation was repeated daily, for two weeks, but after the second application, there was no return whatever of the paroxysms of asthma.

The patient remained several weeks in the city, and exposed himself, in various ways, in order, as he declared, "to test the cure," but returned to his home in Ohio without a recurrence of the disease.

One year after his treatment, this gentleman being in New York, called at my office, in good health, and stated that he had had no return of his asthmatic symptoms, except in one instance, when, having been exposed to inclement weather, he had suffered, for one night, from a slight attack of his difficulty; but a single application of the nitrate of silver to the larynx, which his family physician had learned to make, arrested perfectly the disease.

Since the publication of the above case, and others of spasmodic asthma, which are recorded in the same work, I have treated many other patients affected with this disease, and in most instances with gratifying success; but, whenever the disease is complicated with bronchitis, (and this is frequently the case,) this form of the affection is arrested with much greater certainty, if the topical medication of the larynx is followed by the employment of bronchial injections, as the following case will illustrate.

CASE XII.—December 25th, 1854, I was consulted by Mrs. A., of Ohio, regarding her case, which was one of long standing, and of much severity. Her physician, an intelligent and experienced practitioner, accompanied her, and was present at the first examination, and remained in town to observe the subsequent treatment of her case.

Mrs. A. had been affected several years with chronic folliculitis of the pharyngo-laryngeal membrane, and with enlarged and diseased tonsils.

Auscultation revealed signs of extensive bronchitis, with pulmonary emphysema. Slight dulness, under the right clavicle, was found on percussion, with rude respiration. The patient was feeble and emaciated. She had a severe cough, with constant dyspnœa, and large muco-purulent expectoration. But the most troublesome and harassing feature of her complaint was the occurrence, nightly, of a severe and distressing attack of spasmodic asthma, so severe as to deprive her entirely of sleep during the whole night. It was only after the appearance of daylight, by being supported in a sitting posture, that a brief period of repose could be obtained. These attacks had continued to occur for several months every night, and with great regularity. All the ordinary remedies, Dr. P. informed me, had been employed in the management of the case, without obtaining any material alleviation of the symptoms.

In commencing the treatment of Mrs. A.'s case, the enlarged and diseased portions of the tonsillary glands were removed; applications of a strong solution of the nitrate of silver were made, daily, to the pharyngo-laryngeal and tracheal membrane. The iodide of potassium, in a decoction of polygala senega, together with anti-spasmodics, was internally administered. The cough and expectoration were somewhat diminished under this treatment, but the periodic attacks of asthma were in no degree relieved.

On the 4th of January, instead of employing the sponge-probang, the elastic tube was introduced, and one drachm and a half of the nitrate of silver solution injected into the bronchi. These operations with the tube, alternating them with the use of the probang, were continued until the fifteenth of the month, when the patient left the city for her home in Ohio.

After the second operation of catheterism in Mrs. A.'s case, the severity of her symptoms was considerably diminished. Her cough, expectoration, and difficulty of breathing, were all improved; and several nights before leaving the city, she slept quietly all night, without any return of the paroxysms of asthma.

Mrs. A.'s physician, who had remained during this time in New York, and had observed the progress of her case, accompanied her home, and continued the treatment. She has since, as he writes me, quite recovered.

I shall finish these observations by the report of one case, which cannot fail to be of interest, in which catheterism of the bronchi, although apparently indicated, failed entirely of affording relief. This case was seen by many physicians of this city, who, during the progress of the treatment, watched with much interest its effects upon the patient.

CASE XIII.—October 23d, 1854, Mrs. A., aged thirty-eight, of this city, consulted me about her case. She has suffered several years from laryngeal and bronchial disease, coughs much, and expectorates largely an adhesive mucus. Is subject to occasional attacks of spasmodic coughing, accompanied by difficult, or asthmatic breathing, which at times is very severe.

Mrs. A. is thin and pale, has a narrow chest, and a phthisical aspect. She has no aphonia, yet there is something peculiar in the sound of her voice, and her cough is ringing and dry at first, but expectoration follows, after coughing hard, for a time.

Bronchial râles are heard over the whole chest, but are most prominent in the left side. It is also slightly flat, directly under the clavicle of this side.

She has night perspirations, and the expectoration has been often tinged with blood. The mucous membrane of the throat is inflamed and covered with enlarged follicles, and the uvula elongated.

That plan of treatment which appeared to be plainly indicated by the above symptoms, was adopted. The uvula was truncated; the iodide of potassium, in a decoction of senega,

was administered, and a course of cauterizations of the pharyngo-laryngeal membrane entered upon, with the intention, not only of improving these localities, but for the purpose of preparing the parts for the use of the bronchial tube.

After the occasional application of the sponge-probang, for a period of two or three weeks, the injections were used with the confident expectation that benefit would follow their employment as it had, in other similar cases. But the paroxysms of coughing, and other severe symptoms, were in no degree mitigated by this form of medication.

On the 3d of January, after a violent fit of coughing, she expectorated a scab, with an irregular border, about half an inch in diameter, which had every appearance of having come from an ulcerated surface, for the edge of the scab, on one side, was bloody, as if recently separated from its attachment. The patient declared that it came "from the wind-pipe," and she could place her finger on the point, just above the sternum, where she was positive it came from ; for it was loosened, she affirmed, several hours before she could detach it, and occasioned an incessant and violent coughing until it was thrown off. The cough and expectoration continued after this, but the paroxysms for a time were not quite so severe. They occurred, however, again, and soon became as distressing as ever, and after a few weeks another scab, resembling perfectly the former one, was coughed up.

It was now proposed to cauterize the spot, by passing the sponge-armed probang (which had before only been introduced into the larynx) through the trachea down to its bifurcation. This operation I succeeded in accomplishing. It was repeated two or three times a week, for several weeks. Under this treatment Mrs. A. improved rapidly. No perfectly-formed crust was thrown off after these applications to the trachea were commenced ; several small portions were, from time to time, discharged, but the paroxysms of cough became less and less, the expectoration diminished in quantity, and the patient improved constantly in health and strength, and is at this time in the enjoyment of a good degree of health, having had no treatment for the last six months.

In this case, the application of the solution to the irritated

bronchial membrane, was of no advantage, apparently, while the local ulceration, on which it probably depended, was progressing.

It would not be difficult to select many other cases, the details of whose history, and the result of whose treatment, would be fully equal in interest to any of those which have been given. But, in making this selection, I have aimed to report those cases which have been, and are, well known to other medical men, by whom, in most instances, the patients have been committed to my care.

The Immediate Effect of the Operation of Catheterism of the Air-Passages.

It is perhaps unnecessary for me to repeat here, what I have insisted upon from the very commencement of my recommendation of topical medication—that this operation of introducing the tracheal tube, as well as that of the sponge-armed probang, into the larynx and trachea—an operation difficult of performance, under the most favorable circumstances—cannot be accomplished, “and it should never be attempted, until the parts implicated are thoroughly *educated* by the necessary preparatory operations. These operations consist in cauterizing, successively, the pharynx, the opening of the glottis, and the larynx, for several days, (even for weeks, if necessary,) before the introduction of the injecting tube into the trachea and bronchi.”

In an excellent work recently published in Paris, by M. Sestier, on œdematous laryngeal disease, ten cases of œdema of the glottis or of the larynx are reported, in which a gum elastic sound was introduced into the larynx and trachea, and retained there for a longer or shorter period, through which the patients were enabled to respire, thereby preventing suffocation, until, in several instances, the disease was overcome, and the lives of the patients saved.

The introduction of the sound, under these circumstances, M. Sestier remarks,* produced some degree of pain, and a sudden,

* *Traite de l'Angine Laryngle Œdemateuse.* p. 390 et sequor.

violent cough. But these symptoms very soon subsided, and they became much less marked at each subsequent introduction of the sound, whenever it became necessary to withdraw the instrument, in order to cleanse it, or for any other purpose.

All violent symptoms, however, may to a great degree be prevented, ordinarily, by adopting the preparatory course I have recommended. Should a spasm of the glottis occur, as this may happen, notwithstanding every precaution, the operator should withdraw the tube at once, and delay all further attempts until the irritation has entirely subsided.

The immediate effect of tracheal injections on the disease, has in many instances been quite remarkable. In bronchial disease, and in the earlier stages of tuberculosis, the effect of the first injection, in most cases, has been to diminish the expectoration, and greatly to lessen the cough.

In a few cases, the operation has produced a spasm of the glottis, which has been followed by severe coughing, dyspnoea, and increased bronchial irritation, that has lasted for twelve or twenty-four hours. But, I have never known a case of this kind in which any injury has ultimately followed. On the contrary, some cases have appeared to be greatly benefitted by this operation when thus severe. This was especially the result in the case of Miss H., a young lady of this city, aged seventeen, who had been recommended to my care by her friend, Dr. Cracour, of New Orleans. She had suffered several years from chronic, bronchial disease, had been subjected to much medical treatment, without obtaining any permanent relief.

In September, 1854, she came under my care. The ordinary signs of bronchitis were very marked. Topical applications of the nitrate of silver solution were made to the glottis and larynx, and the general remedies, heretofore recommended in such cases, were administered. This course of treatment was continued several weeks, without producing any decidedly beneficial effect upon the patient.

At this time, Dr. Cracour being in the city, I saw the patient on several occasions, in consultation with this gentleman, who advised a further perseverance in the plan of treatment, but suggested the employment of catheterism of the bronchi, (an

operation he had seen performed in similar cases several times upon my patients,) if the present measures should be unsuccessful after a farther trial.

But her disease continued to resist the influence of those measures which had proved quite successful in the management of other apparently similar cases. On the 7th of November, therefore, the bronchial tube was with some difficulty introduced, and nearly a drachm of the solution injected into the bronchi. An unusual amount of irritation followed this operation.

The introduction of the tube induced a spasm of the glottis; the patient coughed severely, and complained, while she remained in the office, of pain in the larynx and bronchi. She, however, left soon after the operation for her house in the upper part of the city, but did not return for any further treatment. The subsequent history of her case has since been obtained from herself and her mother.

The cough and bronchial irritation continuing, after her return home, the patient and her friends became alarmed, and called in their ordinary medical attendant, who, in turn, called in a consulting physician, but both concluded to do nothing, for the irritation gradually subsided, and, along with it, the alarm of the patient and her friends; and, still better, the cough and bronchial disease, which had so long and so obstinately resisted other measures, entirely disappeared; and the young lady has continued in good health up to the present time.

I have before stated that a spasm of the glottis will occasionally occur on the introduction of the tube, although great pains may have been taken to prepare the parts, by previous training. This is more likely to take place in persons of a nervous temperament, or when much excited, as patients sometimes are, at the idea of having an instrument passed down the *wind-pipe*, or by having several strange physicians present at the time of the operation. If, on the occurrence of the spasm, the sound is not withdrawn immediately, the convulsive action extends, and we have both *laryngismus* and *trachelismus* quickly produced, which will be followed by pain and soreness of the

muscles of the neck and chest, and increased tracheal and sometimes bronchial irritation.

In the earlier period of this form of local treatment, I was accustomed to persevere in the operation (although a spasm might occur) until the process was completed. But this should not be done; and, had I followed the rule in the above case, which I have since adopted, namely, to remove the tracheal tube at once, when a spasm arises, and to delay the operation until all irritation has subsided, the disturbance which followed in the case of Miss H. would have been avoided.

If we analyze the *one hundred and six* cases reported in the following table, it will be found that *seventy-one* of the sum total have been recorded as cases of *tuberculosis*. Of this number, *thirty-two* were considered cases of *advanced phthisis*—cases in which tubercular cavities were recognized in one or both lungs, and *thirty-nine*, cases of *early phthisis*. Of the first division—advanced phthisis, *fourteen* have since died. *Twenty-five* were more or less improved, their lives being apparently prolonged by this means of medication. *Seven* only of the *thirty-two* cases of advanced phthisis were not benefitted by the injections.

Of the *thirty-nine* cases of *incipient tuberculosis*, *twelve* of this division have apparently recovered. *Five* more of this number are now, or were at the last report, in the enjoyment of a good degree of health. These five cases were classed by Dr. Richards with the twelve recoveries, making *seventeen* in all. But, as there is more doubt respecting the cases of these five than of the first twelve, I have not retained them in the class of cases cured.

With respect to the above twelve cases, I say *apparently* cured; for, although the appearance of these patients, as manifested both by the physical and rational signs, is indicative of an ordinary degree of health, yet, in a disease like that of tuberculosis, every medical man is aware that one year is a period too brief to speak decidedly with regard to the positive and final result.

Of the remaining *twenty-two* cases, many of whom are still under treatment, *seventeen* have been greatly improved by topical medication; *three* more have been moderately benefitted;

while *three* only have failed to obtain any advantage from the local measures which have been adopted.

Of the *twenty-eight* cases of *bronchitis*, *sixteen* have been dismissed cured, or so much improved as to require no further treatment. All the others have been greatly benefitted, although some are still under treatment.

Bronchial injections have been employed in six cases of asthma only. In the treatment of this disease, the application of a solution of the nitrate of silver, by means of the sponge-armed probang, to the larynx, will in most cases, it has been found, prove more certain and efficient in its effects than catheterism of the air-passages. Hence, in nearly all the cases of this disease which have come under my observation, they have been treated by direct applications of the caustic solution to the larynx and trachea. It was only when this disease was complicated with bronchial inflammation that the flexible tube was employed.

The six cases of asthma recorded in the table were all complicated with bronchial or pulmonary disease. In all except one the disease was removed by the use of bronchial injections. The single case not fully restored was that of a lady from Ohio, who left greatly benefitted, after three applications only of the injecting tube.

Statistical Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections, between October, 1854, and December, 1855.

Date.	No.	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1854. Oct.	1	Female.	30	Long Island.		Advanced Phthisis.	1 year.	3 mos.	Improved.	For several weeks the patient was much improved, but died after a few months.
"	2	Male.	25	Brooklyn, N.Y.	Goldsmith.	Phthisis following folliculitis.	3 years.	2 mos.	"	First six months remained nearly the same, but gradually declined, and died a few months later.
"	3	"	45	N. Carolina.	Physician.	Phthisis, complicated with bronchitis.	2 years.	1 mo.	"	Did not improve during the first week; afterwards improved rapidly. Recovered. Has since been constantly engaged in practice.
"	4	"	28	Harlem.	Builder.	Phthisis.	1 year.	8 mos.	"	Was greatly benefited by treatment—able to attend business until this Winter. Advised to go South.
"	5	"	25	New York.	Hotel keeper.	Phthisis.	6 months.	3 mos.	"	Improved a little at first, but died subsequently.
"	6	Female.	22	"	"	Phthisis.	6 months.	2 mos.	"	Left without being improved.
"	7	Male.	28	San Francisco.	Broker.	Laryngeal phthisis.	9 months.	2½ mos.	Improved.	Greatly improved. Left for California, apparently well.
"	8	Female.	20	New Jersey.		Phthisis following folliculitis.	18 months.	2 mos.	"	Left much improved.
"	9	Male.	40	New York.	Machinist.	Bronchitis with bronchial dilatation.	5 years.	12 mos.	"	Greatly improved. Was nearly well, when an attack of fever increased his malady. Again improved, and left for Mexico.
"	10	"	30	Brooklyn.	Merchant.	Laryngeal phthisis.	1 year.	8 mos.	"	Much improved by treatment.
"	11	Female.	36	New York		Phthisis, with small cavity in right lung.	3 years.	8 mos.	"	This lady, when first seen, with her attending physician, was confined to her bed. She has quite recovered.
"	12	"	40	New Orleans.		Bronchitis.	10 months.	1 mo.	"	Greatly benefited. Left for home, feeling quite well.
"	13	Male.	25	W. New York.	Farmer.	Advanced phthisis.	6 months.	1 mo.	"	Improved under treatment. Obligated to return home
"	14	"	45	Connecticut.	"	Bronchitis, complicated with phthisis.	2 years.	2 mos.	Not improved.	Left without any decided improvement.
Nov.	15	Female.	35	New York.	Wid. phys'n.	Advanced phthisis.	18 months.	3 mos.	Improved.	Improved for a time, but disease continued. Died.
"	16	"	32	Orange Co.		Advanced phthisis.	4 years.	2 mos.	"	Greatly improved, and continues so.
"	17	"	30	New York.		Advanced phthisis, complicated with syphilis.	1 year.	1 mo.	Not improved.	Died following Winter.
"	18	"	20	Poughkeepsie.		Bronchitis, with signs of tubercles in one lung.	1 year.	1 mo.	Improved.	Entirely recovered.
"	19	"	40	Niagara.		Severe bronchitis, with emphysema.	20 years.	6 mos.	"	Was greatly improved by the treatment. Still continues improved.

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Date.	No.	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1854.	20	Male.	25	Illinois.	Clerk.	Advanced phthisis.	2 years.	8 mos.	Improved.	Much improved. Left for the South, got worse, and died.
"	21	Female.	30	New York.		Laryngeal phthisis, with asthma.	3 years.	12 mos.	"	Had ulcerations of trachea. Greatly improved by cauterizations of the part. Remains better.
"	22	Male.	28	Massachusetts.	Builder.	Incipient phthisis.	1 year.	8 mos.	"	Recovered.
"	23	"	—	Virginia.		Phthisis, with aphonia	1 year.	2 mos.	"	For a time improved, but not permanently. Gono South for the Winter.
"	24	Female.	17	New York.		Severe bronchitis.	5 years.	1 1/4 mos.		Improved slightly under use of sponge-probing, which was continued twice a week for six weeks; then one injection was employed, followed by great bronchial irritation, after which the patient recovered perfectly.
"	25	Male.	27	Ohio.	Banker.	Phthisis, with bronchitis.	6 months.	2 mos.	"	Was greatly benefitted. Returned home after two or three weeks, appearing quite well. Got worse in the Fall, returned, and was again much improved by treatment.
"	26	Female.	25	New York.		Phthisis.		2 mos.	"	Remains about the same.
"	27	Male.	30	"	Tailor.	Bronchitis, with bronchial dilatation.	1 year.	4 mos.	"	Dismissed cured.
Dec.	28	"	40	Virginia.	Professor of Law.	Bronchitis, complicated with tubercles.	9 months.	1 mo.	"	Dismissed cured.
"	29	"	50	Maine.	Surveyor.	Advanced phthisis.	1 year.	1 1/2 mos.		Improved for a time, and returned home, and died some months after.
"	30	"	30	Kentucky.	Merchant.	Advanced phthisis.	1 1/2 years.	1 mo.	Greatly impr'd for a time.	Not improved ultimately.
"	31	"	40	New York.	Blacksmith.	Advanced phthisis.	3 years.	8 mos.	Impr'd at first.	Died in the Spring.
"	32	"	34	"	Mechanic.	Bronchitis.	5 years.	4 mos.	Improved.	Continues much improved.
"	33	"	45	Connecticut.	Farmer.	Bronchitis, with tubercles.	2 or 3 yrs.	2 mos.	"	Returned home. Got worse the following Spring, and died.
1855.	34	Female.	26	Ohio.		Bronchial asthma.	2 years.	1 mo.	"	Returned. Treatment continued by her physician; and she ultimately recovered.
Jan.	35	Male.	35	New York.	Merchant.	Phthisis.	2 years.	1 mo.	"	Fourth operation produced severe spasms, and patient refused further treatment.
"	36	"	50	Indiana.		Phthisis.	3 years.	2 weeks.	"	Returned to Indiana greatly improved. Not heard from since.

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Date.	No.	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1855.										
Jan.	37	Female.	42	New Jersey.		Laryngitis, with bronchitis.	2 years.	3 mos.	Improved.	Remained nearly the same through Summer. Gone South the present Winter.
"	38	"	30	Choctaw Nat'n. Connecticut.	Teacher.	Phthisis.	1½ years.	3 mos.	"	Left for Arkansas greatly improved.
"	39	"	30	"		Laryngitis, with bronchitis.	4 years.	3 mos.	"	Continues greatly improved.
"	40	Male.	28	Kingston, N. Y.	Merchant.	Phthisis.	4 years.	2 mos.	"	Recovered.
Feb.	41	"	30	New York.	Broker.	Advanced phthisis.	2 years.	3 mos.	"	Improved under treatment. Went South. Died some months after.
March	42	"	20	Wheeling, Va.	Student.	Phthisis.	1 year.	2 mos.	"	Left for home greatly improved. Not heard from.
"	43	Female.	25	Connecticut.		Advanced phthisis, with aphonia.	Unknown.	1 mo.	"	Regained voice, and left much improved. Not heard from.
"	44	"	43	New York.		Bronchitis, with asthma.	5 or 6 yrs.	2 mos.	"	Recovered.
May.	45	Male.	28	Vermont.	Physician.	Phthisis.	2 years.	2 mos.	"	Ultimately not much improved.
"	46	"	26	New York.	Farmer.	Advanced phthisis.	1 year.	2 mos.	"	Not improved ultimately. Died.
"	47	Female.	54	"		Bron., with asthma.	6 years.	2 weeks.	"	Much improved
"	48	Male.	28	Maine.	Physician.	Advanced phthisis.	6 months.	2 mos.	"	Much improved at first. Went home and died.
April.	49	Female.	30	"		Advanced phthisis.	1 year.	1 mo.	"	No permanent improvement.
"	50	Male.	48	Minnesota.	Merchant.	Advanced phthisis.	1 year.	3 mos.	Much improv'd	Left for the country greatly improved. Continued better for several months. Got worse the following Winter, and died.
"	51	"	30	New York.	"	Advanced phthisis.	2 years.	3 mos.	"	Greatly improved. Spent the following Summer at Lake Superior, and returned the present Winter. Still better.
May.	52	"	45	"	"	Advanced phthisis.	18 months.	4 mos.	"	Has continued greatly improved since the occurrence of cold weather.
"	53	"	26	Maine.	Mechanic.	Phthisis.	6 months.	½ mo.	"	Returned home much improved. No report since.
"	54	"	25	Utica.	Merchant.	Phthisis.	1 year.	4 mos.	"	Left in apparent health. Not since heard from.
"	55	Female.	26	Haverstraw.		Advanced phthisis.	2 years.	2 mos.	Improved.	Appeared better for some time under treatment. Went home, and died several months after.
"	56	Male.	22	Indiana.	Farmer.	Advanced phthisis.	1 year.	1 mo.	Much improv'd	Left for Indiana greatly improved. No report since.
"	57	"	20	Virginia.	Student.	Phthisis.	1 year.	2 mos.	"	Went home much better. Since heard he is still better.
"	58	"	40	"	Planter.	Advanced phthisis.	2 years.	1½ mo.	Improved.	Not much improved ultimately. Nearly the same at last report.
"	59	"	30	"	"	Phthisis.	1½ years.	1 mo.	Much improv'd	Was greatly improved, and still continues better.

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Date.	No	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1855. May.	60	Female.	23	New York.		Advanced phthisis, with aphonia.	2 years.	1 mo.	Much improv'd	Continues decidedly improved.
"	61	Male.	28	"	Carpenter.	Bronchitis.	1 year.	6 mos.	"	Cured.
June.	62	"	30	Canada.	Merchant.	Bronchitis, with aphonia.	2 years.	1 mo.	Improved.	Left nearly well.
"	63	"	20	Brooklyn.	Mechanic.	Severe bronchitis.	1 year.	4 mos.	Much improv'd	Cured.
"	64	Female.	35	Baltimore.		Advanced phthisis.	2 years.	1 mo.	Not improved.	Left without improvement.
"	65	"	19	New York.		Phthisis, with bronchitis.	2 years.	4 mos.	Much improv'd	Dismissed apparently cured.
"	66	"	28	Virginia.		Advanced phthisis.	1½ years.	1 mo.	Not improved.	Returned home not improved.
"	67	Male.	25	Pennsylvania.	Mechanic.	Phthisis.	1 year.	2 mos.	Improved.	Returned home greatly improved.
July.	68	Female.	28	Virginia.		Phthisis.	2 years.	3 mos.	"	Left much improved. Since writes she is well.
"	69	"	26	Indiana.		Advanced phthisis.	1 year.	1½ mos.	"	Greatly improved. Cough nearly gone when leaving for home. Not heard from.
"	70	"	45	Alabama.		Phthisis.	2 years.	1 mo.	Not improved.	But little change from the treatment.
"	71	Male.	26	Buffalo.	Clerk.	Advanced phthisis.	1½ years.	4 mos.	Improved.	Was greatly benefitted. Continued improved when last heard from.
"	72	"	18	Long Island.	Student.	Advanced phthisis.	6 months.	2 mos.	"	Much improved at first, but failed, and died four months later.
"	73	"	30	Virginia.	Merchant.	Advanced phthisis.	3 years.	1½ mos.	"	Left much better. No report since.
Aug.	74	Female.	35	Connecticut.		Severe bronchitis.	10 months.	½ mo.	"	Improved, and left for home.
"	75	"	22	Massachusetts.		Phthisis.	1 mo.	1 mo.	"	Left greatly improved, and has so continued.
"	76	Male.	28	New Jersey.	Clergyman.	Phthisis, complicated with bronchitis.	1 year.	4 mos.	"	Is greatly improved. Preaches every Sunday.
"	77	"	32	Virginia.	Planter.	Advanced phthisis.	1½ years.	2 mos.	"	Returned home improved. No report.
Sept.	78	"	26	Pennsylvania.	Farmer.	Severe bronchitis.	3 years.	1 mo.	"	Left nearly well.
"	79	"	32	Ohio.	Laborer.	Phthisis, with disease of the heart.	1 year.	12 days.	Not improved.	Died.
"	80	"	35	New York.	Teacher.	Advanced phthisis, with mesenteric ulceration.	1 year.	1 mo.	No change.	Left, no better. No report.
"	81	"	22	Alabama.	Student.	Advanced phthisis.	1½ years.	1 mo.	Improved.	Improved slightly at first. Left, really no better. Since died.
"	82	"	35	Staten Island.	Merchant.	Phthisis.	3 years.	4 mos.	"	Continues greatly improved.
"	83	Female.	24	Ohio.		Long-standing bronchitis, with asthma.	15 years.	2 mos.	"	Had only three injections, but has much improved.

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Date.	No	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1855. Oct.	84	Female.	—	Florida.		Severe bronchitis, with emphysema, &c.	3 years.	2½ mos.	Improved.	Considerably improved under treatment.
"	85	Male.	32	Tennessee.	Sadler.	Phthisis, with aphonia	1½ years.	1 mo.	"	Left much better. Voice restored.
"	86	Female.	24	Massachusetts.		Phthisis, with aphonia two years.	2½ years.	3 mos.	"	Remains greatly improved. Voice partially restored.
"	87	"	35	New York.		Extensive bronchitis, with emphysema.	1 year.	3 mos.	"	Improved rapidly at first. Still occasionally treated.
"	88	Male.	30	Jersey City.	Custom of- ficer.	Severe bronchitis, with incipient phthisis.	6 months.	3½ mos.	"	Greatly improved. Quito well.
"	89	"	26	New Jersey.	Mechanic.	Bronchitis.	6 months.	2½ mos.	"	Greatly improved.
"	90	"	25	Virginia.	Physician.	Bronchitis, with incipient phthisis.	1 year.	1½ mos.	"	Much improved. Went to Florida for the Winter.
"	91	"	30	New York.	Author.	Phthisis.	2 years.	4½ mos.	"	Very much improved.
"	92	Female.	20	Virginia.		Early phthisis.	1½ years.	2 mos.	"	Left greatly improved. Writes she is "quite well."
"	93	Male.	28	Ohio.		Phthisis.	6 months.	1 mo.	"	Left much improved.
"	94	"	22	"	Student.	Bronchitis, complicated with epilepsy.	10 years.	1½ mos.	"	Went home greatly improved.
Nov.	95	"	38	New York.	Conductor.	Advanced phthisis, with bronchitis.	4 years.	3 mos.	"	Is much improved.
"	96	"	30	Kingston.	Merchant.	Phthisis, with aphonia.	2 years.	3 mos.	"	Still much improved. Voice restored.
"	97	"	28	New York.	Merchant.	Advanced phthisis.	1 year.	1½ mos.	"	Greatly improved.
"	98	"	26	"	Farmer.	Phthisis.	3 years.	2 mos.	"	Improved very much.
"	99	"	22	Florida.	Carpenter.	Advanced phthisis.	1 year.	1 mo.	"	Improved at first. Declined rapidly ultimately, and died last of November.
"	100	Female.	24	Brooklyn.		Severe bronchitis, with asthma.	2 years.	5 mos.	"	Cured.
"	101	"	35	New York.		Bronchitis.	2 years.	3 mos.	"	Greatly improved. Is quite well.
"	102	Male.	26	Kentucky.	Merchant.	Early phthisis, with bronchitis.	1 year.	2 mos.	"	Left appearing well.
"	103	Female.	19	Virginia.		Advanced phthisis.	2 years.	1 mo.	Not improved.	Left, not improved. No report.
"	104	Male.	65	New Jersey.	Merchant.	Bronchitis, with bronchial dilatation.	5 years.	5 mos.	Improved.	Continues improved.
Dec.	105	"	25	New York.	Farmer.	Laryngeal phthisis.	6 months.	10 days.	"	Improved. Obligated to return home.
"	106	"	30	Williamsburgh	Teacher.	Phthisis, with aphonia	1 year.	1½ mos.	"	Greatly improved.

On the Treatment of Puerperal Convulsions. By B. FORDYCE BARKER, M.D. Read before the New York Academy of Medicine, December 5, 1855, and published by order of the Academy.

In the following paper, an attempt is made to formularize the treatment of puerperal convulsions, based on the pathology, as accepted in the present state of science. While the semeiology of this fearful complication of parturition has been familiar to the profession from the earliest ages of medicine, its pathology has only very recently been understood. Even M'Clintock and Hardy, who are among the latest of our standard authors on "Midwifery and the Diseases of the Puerperal State," say, "The pathology of puerperal convulsions, as well as of the other diseases in the nosological class to which it belongs, is a subject upon which we are in almost complete ignorance."

Hence its treatment has been purely empirical. The recorded statistics show that few diseases have been treated with so little success; 32 per cent. proving fatal where the attack has occurred before and during labor, and 22 per cent. where the convulsions have come on after labor.* There is no compli-

*	Before & During Labor.						
	Total.	Recov'd.	Died.	After Labor.	Recover'd	Died.	
Mauriceau,	45	29	13	16	11	5	
Mad. La Chapelle,	27	23	16	7	2	2	
Desjardin,	7	5	5	2	2		
Velpeau,	21	12	8	4	5		
Smellie,	10	10	7	3		4	
T. Clarke,	19	17	12	5	2		
Lever,	14	12	8	4	2		
Robert Lee,	54	46	31	15	7	1	
Ramsbotham,	25	22	14	8	3		
Collins,	30	28	23	5	2		
M'Clintock & Hardy,	13	10	7	3	3		
TOTAL,	265	214	144	70	39	12	

Authors have differed as to the comparative mortality of convulsion occurring before and during labor, and those coming on after delivery. Mauriceau, Velpeau, Dugès, Nægele, Churchill, Murphy, &c., regard those cases which come on after delivery as much more amenable to treatment than those which occur before and during labor; while Smellie, Astruc, Tissot, Ramsbotham, and some others hold a contrary opinion. The table I have given above shows that 32 per cent. of those cases occurring before and during labor proved fatal, while only 22 per cent. died where the convulsions came on after delivery.—*From an article by the writer, on the "Use of Chloroform in Puerperal Convulsions," N. Y. Med. Times, Vol. II., No. 9.*

cation of labor which has been attended with such fearful mortality.

But the experimental researches of Majendie, Flourens, Marshall Hall, and other investigators, among whom our own Dalton should be mentioned as one of the most zealous and successful laborers, have entirely revolutionized the physiology of the nervous system. The pathology of the nervous system is consequently a new science ; and to Dr. Tyler Smith, in my estimation, we are more indebted than to any other author, for our advance in the right direction in developing the application of the new discoveries, to explain the phenomenon of the disease of the nervous system now under consideration.

We shall, therefore, first, briefly review the pathology of puerperal convulsions. All convulsions arise from some irritation of the true spinal system, which includes the spinal marrow within the theca vertebralis, the medulla oblongata, and the corpora quadrigemina. No irritation of the cerebral system—that is, of the brain and cerebellum, and that part of the spinal cord which conveys sensation and voluntary motor power to and from the brain—will produce convulsions. Puerperal convulsions differ in certain essential characteristics from all other forms of convulsions, the difference resulting from some peculiar condition of the nervous system, developed during the periods of gestation, parturition, and lactation.

Puerperal convulsions have been regarded and described by many authors as being of an epileptic character. But, as Prof. Murphy has clearly pointed out, while epileptic and puerperal convulsions nearly agree in the form of attack, they differ in the manner of their incursion and in the ultimate course they take. To quote from Dr. Murphy, "Epilepsy agrees with puerperal convulsions in—

1. Violent convulsions of the voluntary and respiratory muscles ;

2. Total loss of consciousness ;

3. Lividity of features from apnoea ;

4. Followed by temporary coma.

They differ from each other in the following characters :

In Epilepsy,

1. An aura precedes the attack ;

2. There is no hissing expiration ;
3. Fits return periodically, at long intervals ;
4. The paroxysms are seldom fatal ;
5. Epileptics usually give evidence of some preëxisting constitutional derangement.

In Puerperal Convulsions,

1. Symptoms of cerebral congestion precede the attack ;
2. Hissing expiration very characteristic ;
3. Fits return in rapid succession ;
4. The paroxysms are often fatal ;
5. The healthiest women are often attacked."

Other writers again, among the most prominent of whom is Dr. Ramsbotham, regard puerperal convulsions as being allied to apoplexy. But neither local congestion, nor the pressure on the brain resulting from serous or sanguineous effusion, will produce convulsions, unless the pressure be directly on the medulla oblongata. Stupor, stertor, coma, or paralysis, may result from apoplexy, but not convulsions. Apoplexy not unfrequently *follows* puerperal convulsions, but does not cause them. As Dr. Marshall Hall has clearly shown, the convulsive fit has the effect of interrupting the circulation—1st, by the direct pressure of the platysma-myoides on the blood returning from the brain ; 2d, by the spasm of the glottis impeding respiration, and preventing the passage of venous blood into the lungs ; 3d, by the pressure on the venous circulation of the extremities, the blood by the spasmodic contractions of all the voluntary muscles being forced too rapidly forward into the great central trunks ; 4th, by the increased pressure on the venous circulation in the uterus, in consequence of its more powerful contractions.

Puerperal convulsions also are caused by an exactly opposite condition from apoplexy, viz., anæmia. The final symptom in death from uterine hæmorrhage, is ordinarily convulsion. In animals killed by blood-letting, convulsions occur during the act of dying. So where there is a deficiency of nutrient blood in the system, the exhaustion of the vital powers from labor may have the same effect in producing convulsions as extreme hæmorrhage.

The causes of puerperal convulsions are divided by Dr. Tyler Smith into the *centric*—those that act directly upon the true spinal centres, and the *eccentric*—or those that act indirectly, through the agency of some distinct organ, upon the spinal system.

The centric causes are—

1. Pressure upon the medulla oblongata from congestion, from coagula, or from serous effusion within the cranium ;
2. Anæmia, or deficient nutrition of the spinal system ;
3. Toxæmia, or an impure condition of the blood.

Dr. Tyler Smith also includes emotional causes ; but irritation of the brain from shock can only act indirectly, or in a reflex manner.

The investigations of late years seem to prove that toxæmia is the most frequent of the direct causes. In a large proportion of cases, the albumen is drained from the blood in the urine, while the urea is left. Thus in nine cases, reported by Dr. Geo. T. Elliot, albuminuria existed in seven, and the experience of other observers, is very nearly the same. The presence of urea in the blood in these cases has been conclusively demonstrated.

In a recent case, occurring in the practice of Dr. Sayre, the blood, after standing, emitted a strong uric odor ; and on evaporation, it was found loaded with the various crystals of urea.

The *eccentric* causes of puerperal convulsions are morbid excitation of the peripheral nerves of any of the vital organs, and irritation of the brain from shock. Their order of frequency is as follows, basing the order on a careful analysis of all the recorded cases of puerperal convulsions accessible to me.

1st. Irritation of the incident spinal nerves of the uterus and uterine passages ;—as from distention from the liquor amnii ; pressure of the foetal head on the cervix uteri and vagina.

2d. Irritation of the incident spinal nerves of the rectum ;—as from accumulation of fæces, &c.

3d. Irritation of the brain from shock, joy, terror, &c.

4th. Irritation of the gastric and intestinal branches of the pneumogastric nerve,—as from indigestible food, &c.

5th. Irritation of the incident spinal nerves of the bladder, as from retention of urine.

In puerperal convulsions we have ordinarily a combination of one of the centric with one or more of the eccentric causes. Thus, irritation of the nerves of the uterus or of the uterine passages, the most common of the eccentric causes will rarely produce convulsions unless there is either hyperæmia, anæmia, or toxæmia.

The above condensed exposition of the pathology of this disease was deemed necessary in order to philosophically discuss the treatment.

TREATMENT—*Prophylactic.*

M'Clintock and Hardy have well remarked, it is a most happy circumstance that, in a disease so justly dreaded and so full of danger as puerperal convulsions, there very generally exists some precursory symptoms of a sufficiently obvious character to lead one to anticipate its attack, and by the timely use of proper remedies, to prevent it altogether, or materially lessen its violence. Warnings of this kind are very seldom absent, although they are not always equally striking or manifest. The most constant of these premonitory symptoms are headache, varying in kind and degree, but generally of a dull, obtuse, or tensive character, and liable to be increased on exertion, particularly on stooping; an œdematous condition of the face and upper extremities, most visible soon after rising in the morning; a furred tongue, and sluggish state of the bowels. At the present day, every intelligent physician, on finding œdema of the face and hands would test the urine for albumen. If, in addition to the symptoms above enumerated, there were vertigo, tinnitus aurium, flashes of light before the eyes, *muscæ volitantes*, temporary loss of vision or of consciousness, flushed face, pain at the epigastrium, and an albuminous state of the urine, active prophylactic treatment should be at once commenced. If the patient is plethoric, or there is excited vascular action, venesection should be resorted to. The bowels should be freely evacuated, and kept in a soluble state. Indeed, all the depuratory functions ought, during gestation, to be increased; as the debris of the foetal, as well as the maternal system, have to be eliminated by the organs of the mother.

The following combination I have found of great value in these cases, after venesection, and, indeed, in some instances, as a substitute for blood-letting : *R* James' powder, grs. iv ; *sodæ bicarb.*, grs. iij ; *p. digitalis*, gr. j ; *M.*—to be given three times a day. In addition, the patient should be placed on a restricted diet, the bowels should be kept well opened, and she should be encouraged to take as much out-of-door exercise as possible.

Unfortunately, the medical attendant frequently does not see the patient until labor comes on. The signs which should then awaken the attention of the vigilant physician are great restlessness and impatience, especially at each recurrence of pain, so that it is with great difficulty the patient can be restrained from flinging and tossing herself about ; the manner is often changed, and unlike what is natural to her. " At other times, there will be temporary loss of consciousness, described by the nurse as a faint. Rigor and headache are frequent concomitants at this time, and the pulse is generally found to be uncommonly slow or considerably quickened." The physician should now carefully seek to ascertain the centric and eccentric causes of this condition, and to remove these by well-selected prophylactic measures. If there is evident hyperæmia, as shown by the strong, full, bounding pulse, venous turgescence of the face and neck, the hot skin, the flushed face, and the injected conjunctivæ, venesection should be promptly resorted to. But a careful discrimination should be exercised between the pulse of irritation, evidence only of nervous excitability, but generally accompanied with a hot skin, and flushed and turgescient face. If any of the eccentric causes are found to exist, as improper food in the stomach, it should be removed by an emetic of sulphate of zinc. But an emetic should never be given in a threatened attack of puerperal convulsions, without absolute proof of its necessity, and rarely until after venesection ; as the very act of vomiting might produce cerebral congestion. If the intestines are loaded, they should be at once freely evacuated. But the method of accomplishing this is a matter of the greatest importance. The irritation of the intestinal canal by drastic cathartics, may be a most powerful reflex excitant of convulsions. There is little difference be-

tween irritant drugs and irritant fœcal matter. A copious enema of warm soap and water, to which one or two ounces of castor oil may be added, acts almost immediately, without irritating the bowels. The state of the bladder should be carefully examined, and, if necessary, the catheter should be used. But the great source of reflex irritation causing the convulsions is the uterus. The discriminating physician will readily decide when the liquor amnii should be evacuated by rupturing the membranes. This accomplishes for the uterus what an enema effects for the rectum. The distension of the organ is removed, diminishing its size and the quantity of blood circulating in it. But the great prophylactic measure, after all, is the use of *chloroform*. It has been supposed by many that a tendency to cerebral congestion contra-indicates the use of chloroform. But, on the contrary, sound reasoning and clinical experience conclusively show, that a tendency to cerebral congestion in parturition is a decided indication for the use of chloroform. By its use, the spasmodic contractions of all the voluntary muscles, which contribute so essentially to force the blood to the head, is overcome. The contraction of the platysma-myoides, the pressure of which prevents the return of the blood from the head, is also overcome; and, lastly, the tendency to spasm of the glottis, which impedes respiration and prevents the passage of venous blood into the lungs, is prevented. After inhalation of chloroform, I have repeatedly seen the swollen, flushed face become calm and tranquil, the bounding, rapid pulse become soft and natural, the hot skin become cool, and the patient, who was before restless and irritable, tossing about from one side of the bed to the other, during the recurrence of each pain, now lying in apparent sweet repose, while the uterine contractions were still going on with the utmost regularity. Were it not that this paper would thus be made unnecessarily tedious, the detail of several such cases might be given. But I doubt not, the experience of many members present will furnish numerous verifications of the above statement. Indeed, I may be permitted to state, that I have never known an attack of puerperal convulsions *during labor* where the precursory phenomena were sufficiently evident to lead to the adoption of appropriate prophylactic treatment, and the patient has been brought under

the influence of chloroform. In the patient of Dr. Sayre, the premonitory symptoms were very striking ; but the danger was warded off by the use of chloroform during labor. Some hours after the labor terminated, and the use of the chloroform had been suspended, she had a very violent convulsion, which left her in a state of coma. She was bled very largely ; but the stertorous breathing continued, with a constant tendency to convulsive movements. She was kept then under the influence of chloroform. Gradually her breathing became quiet, and the convulsive movements ceased. Opium was then principally relied upon for the subsequent treatment, and she made a perfect recovery. I have already mentioned that the blood in this case was loaded with urea.

Treatment of the Attack.—The indications are, 1st. To remove the cause of the spinal irritation, whether it be centric or eccentric, or a combination of both. 2d. To allay the morbid irritability resulting in convulsions already developed. We shall now consider the treatment under each of these heads. The centric causes, as has already been stated, are hyperæmia, toxæmia, and anæmia. We shall now consider the remedies which have been empirically sanctioned by the profession, and endeavor to ascertain their true value and appropriateness. 1st. Blood-letting—This is perhaps more universally adopted in the treatment of puerperal convulsions than any other remedy, and in a certain class of cases, it is the most important and effective, both to *cure* the spinal and to *prevent* cerebral disease. But there is no doubt that it is often most injurious in its effects, the loss of blood reproducing the convulsive seizures, acting as a centric cause. Let us attempt to determine the laws which should regulate the use of this measure. Where there is a great fullness of the vascular system, venesection is a powerful sedative of spinal action. Where the disease results from stimulation of the spinal system by excess of blood, or from the mechanical pressure of blood on that organ, or from counter-pressure of the distended brain upon the medulla oblongata, bloodletting alone is often sufficient to subdue the disease. It, in these cases, is also equally important to preserve the brain from injury from the convulsion. The attack may, as in a manner before shown, cause such turgidity of the vessels of

the head, as to result in fatal cerebral congestion, or serous or sanguineous effusion. But where there is an anæmic condition of the system, either preëxisting, or induced by hæmorrhage during labor, blood-letting is a *stimulant* of spinal action, and would not only aggravate the convulsions, but greatly increase the danger to the brain from serous effusion. So also in those cases where it was clearly indicated in the first instance, its repetition may change its action from a sedative to a stimulant of spinal excitability. In hyperæmic convulsions, after one bleeding, sufficient to fully impress the system, vascular excitement may be kept down by the use of the tartrate of antimony, as proposed by Dr. Collins: Two grains of tart. antimonii dissolved in four ounces of water, to which is added one scruple of tinct. opii, to prevent diarrhœa from following its use. A tablespoonful of this mixture is given every half hour or hour, according to the urgency of the symptoms.

When anæmia is the centric cause, exhausted nervous power, to use a somewhat paradoxical phrase, is the stimulant to spinal action. Here opium in a full dose is the grand remedy. It restores nervous energy; and thus allays spinal irritability. There has been a great discrepancy of opinion among authors as to the propriety of using opium in the treatment of puerperal convulsions, some condemning its use in the strongest terms, while others highly extol it for this purpose. This difference of opinion has arisen from an imperfect understanding of the pathology of the disease, and a consequent lack of discrimination in the application of the remedy. Not only is opium a most valuable remedy in anæmic convulsions, but it is also frequently of great service in hyperæmic convulsions, after blood-letting. Nervous power has been exhausted, not only by the convulsive attack, but by the necessary blood-letting; and opium, in restoring nervous power, allays the spinal excitability.

It is unnecessary again to refer to the proper treatment for the removal of the eccentric causes, as this has already been discussed in speaking of the prophylactic treatment, with one exception. The exception referred to is where uterine irritation is the eccentric cause. This is no doubt the most frequent of all these causes. The propriety of *artificial delivery* often

becomes a question of the gravest import. The principle should be, whenever artificial delivery can be effected with less irritation than would be produced by the continuance of the child in the parturient canal, it should be effected. Following this law, the decision must be based on the peculiar features of each individual case.

To fulfil the second indication, viz., to allay the spinal irritability already developed, we have no therapeutic agent at all comparable in efficiency with chloroform. For this purpose authors have recommended opium, cold affusion, counter-irritation, the various antispasmodics—as camphor, ammonia, the ethers, musk, assafoetida, turpentine, &c.; but they are all feeble and inefficient as compared with the anæsthetics. Prof. Simpson has ingeniously suggested, that it may aid in removing one of the centric causes, viz., toxæmia.

He says, “If the blood-poison, which in albuminuria produces convulsions and coma, be, as Frerichs believes, carbonate of ammonia resulting from decomposition of urea, can we account for the power of chloroform in restraining and arresting, as it does, puerperal convulsions, upon the ground of its preventing this decomposition? The inhalation of chloroform produces, as various chemists have shown, a temporary diabetes, sugar appears in the urine, and hence probably also in the blood. The addition of a little sugar to urine *out of the body*, prevents for a time the decomposition of its urea into carbonate of ammonia.”

Whether future researches prove this hypothesis to be true or false, facts have been sufficiently accumulated to establish beyond controversy that the use of chloroform does restrain and arrest puerperal convulsions in a large proportion of cases. Some have been disappointed on finding that it did not have this effect in all instances. Where the convulsion is the result of direct pressure on the medulla oblongata, or where the convulsion produces serous or sanguineous effusion, the chloroform can have no influence in controlling the fits. Where, then, there is *complete* coma, and especially when there is partial paralysis, no good effect can be anticipated from the use of chloroform.

No judicious man would think of using the chloroform in

anæmic convulsions; as in allaying the spinal excitability, there would be great danger of overwhelming the nerves of organic life, and thus destroying the life of the patient. In hysterical convulsion, the chloroform is the sole therapeutic agent required.

It can hardly be necessary to allude to the importance of removing all emotional causes. The room should be darkened, and kept perfectly quiet; no conversation should be permitted; all signs of excitement should be absolutely banished from the room; and the physician should throughout the whole preserve a calm, undisturbed demeanor.

Deformities and their Remedy. By H. G. DAVIS, M.D.

In the language of an author upon deformities, I would say, "The great number of deformed persons of both sexes who are daily to be seen in every district of the Metropolis, must surely tend to impress the public mind with the idea either that distortions are incapable of being cured or prevented, or that the branch of surgery to which they belong is in a very imperfect state."

Among these manifestations, the number of deformed persons in this city strikes me as greater, in proportion, than I have ever before observed. I allude to lateral curvatures of the spine, but more particularly to posterior, or angular distortion, the result of what is termed Pott's disease. I would also remark that the number of persons seen with club-feet is less in comparison than in any other community.

My inference is, that the latter deformity has received much more attention from surgeons than diseases of the spinal column. This cannot be due to the relative gravity of the diseases, either as affecting the comfort or capability of patients, or their influence upon longevity. The deformity of the feet cannot be said to shorten life, whereas both lateral and posterior curvatures exert a marked influence in this respect. In lateral curvatures, the majority die with phthisis before they are thirty years of age.

I am of the opinion that the earlier in life this form of distor-

tion commences, the longer the duration of life. The reason appears to be, that, while the frame is flexible, and the form developing rapidly, it more readily conforms to the size of the internal organs, thus leaving them less disturbed or compressed than when the difficulty commences nearer puberty or later in life. I have seen some congenital cases of lateral curvature, complicated with other muscular deformities in the same individual, where they have lived to considerably past middle age, and then die with consumption.

This mode of terminating life, together with the fact that this form of muscular distortion occurs in families where there has been some manifestation of struma, has led me to the conclusion that it is a strumous affection of the muscles connected with the spine, analogous to that scrofulous affection of the muscle of the heart, which manifests itself by dilatation.

There are some cases of lateral curvature that are dependant upon an inequality of the bony structure, giving an unequal leverage upon the two sides of the body. I have often seen cases where the curvature commenced directly after an attack of pleurisy or pneumonia. Upon an examination and measurement, there has been found a marked difference, and, in one case, it amounted to two inches, taking the spine as the centre. It will be obvious that such cases can only be relieved by the constant support of an apparatus.

In the early stages of those cases dependant upon an inequality in the muscular and ligamentous supports of the spinal column, a cure can be effected by the use of an apparatus, and by a system of special exercise for the purpose of invigorating the muscles and restoring their balance.

The apparatus should compel the wearer to use the muscles for preserving the balance of the body as perfectly as as without it, thus giving the surgeon an opportunity of bringing the spine into its natural position, while at the same time the patient can be prosecuting a system of gymnastic exercise.

In all muscular deformities, it is highly important, not only to leave the muscles free, but positively to oblige them to act naturally, in all the motions of the body requiring their use; it is equally important, also, that the freedom of the joints should in no way be interfered with.

In congenital muscular deformities (particularly of the feet), the brain does not appear to recognize the movements of the distorted parts ; the muscles whose action would tend to remedy the evil, not seeming to receive the same attention from the cerebrum, that the corresponding muscles do in the opposite limb, that is not deformed. Whether this inequality is dependant upon habit, from being obliged to allow the parts to remain deformed, or from a primary fault in the nervous system, it is difficult to decide.

Whether one or both causes operate to produce the result, it is desirable to leave the muscles and articulations free, that the will can aid any fixtures that may be applied to overcome the distortion, not only to hasten the recovery, but, that the brain may acquire a perfect control of the muscles, and bring about that harmony of action in the muscular system so essential to the order and beauty of our motions. In club-feet these considerations are important, that the patients may acquire a naturalness in their walk.

After several years attention to these principles, I think they are complied with in the use of what may be termed artificial muscles ; it will not be supposed that they are under the influence of the will, but simply act as an antagonistic force to the contracted muscles, thus falling in with and assisting the will to overcome the deformity by the aid of the weaker muscles. In club-feet, with the aid of these artificial muscles, the patient can make an effectual effort to bring the foot into a correct position. This effort serves to strengthen the weaker muscles, while at the same time it aids in bringing about a sympathy between them and the brain, which I before remarked had been partially lost. These artificial muscles answer another important part in wearying out the contracted muscles, by their constant action, night and day, thus tending to elongate them.

This mode of treatment involves two important things, it weakens and elongates the contracted muscles, while, at the same time, the weaker are gaining strength, thus bringing about an equilibrium among the sets of muscles, the loss of which has caused the deformity. As this treatment by artificial muscles is, so far as I am acquainted, limited to myself, and as it has not been tested by a large experience, I cannot

say to what extent it can be carried, in the restoration of deformities, but judging from what has already come under my observation, it will entirely change the treatment of this class of difficulties, obviating, in the young subject, any necessity for the use of the knife to divide the tendons, and it is, I believe, the only way in which a deformed foot can be restored, and the patients acquire that easy elasticity in their motions, so essential to enable them to walk gracefully. This is an important consideration, particularly to females—a consideration sufficient, other things being equal, to give this mode of treatment the preference over all others.

Pott's disease is generally conceded to be a strumous affection, and when this constitutional tendency is early manifest, the *probability* is that life will sooner or later terminate by the same disease affecting the lungs. There are cases resulting from injury that may not fall under this general suspicion.

As my inference was, in reference to club-feet, that they had received marked attention, and had been successfully treated, from the same premises I am under the necessity of concluding that Pott's disease has been neglected, or unsuccessfully treated, so far as retaining the figure perfect, or even approximating to it. It is not necessary for me to conclude that the profession have not fully understood this disease, for there are difficulties sufficient in the way of treatment without resorting to this. In the first place, it requires so great an expenditure of time and study for the treatment of each case (and by study I do not mean that it is necessary, in order for them to arrive at a knowledge of the conditions of the part affected, or its etiology), but, to contrive apparatus suited and adapted to restore and retain the form in its normal position, and at the same time put it in the best possible condition to recover. As few men among the whole body of mechanics possess original inventive power, it cannot be expected that, among the small number of surgeons, there should be found this faculty largely developed, particularly when we take into consideration the fact that their studies for so many years previous to entering their profession are entirely unsuited to foster it, even where it might exist naturally.

In consideration, as I have said, of this large expenditure of

time and study, together with the fact that each practitioner has but an occasional case, they are usually recommended to some instrument-maker, who may be well qualified to perform that portion of the labor that properly belongs to his department, yet from his want of knowledge of anatomy, and of the pathology of the disease, he can never be able to treat a case scientifically, or with any definite knowledge of the results to follow the application or use of any apparatus he may invent. This want of anatomical knowledge is apparent to every surgeon, upon the slightest reflection.

The common mode of constructing apparatus to sustain the weight of the body upon crutches, is utterly useless, as the crutch impinges directly against the bundle of nerves and blood-vessels that meet in the axilla, upon which the weight of the arm even cannot be borne, much less that of any additional portion of the body. I think, however, that this difficulty has been seen by surgeons, but there was not found any other point where support could be applied. It was rather a choice between two evils, that of no support, or in this way. If we notice the manner in which we raise a child by putting the hands under the arms, we shall find that we naturally avoid lifting directly up, after the manner of the crutch, but upwards and inwards, with a degree of pressure with the thumbs upon the scapula, and the fingers upon the under side of the clavicle, thus diffusing the pressure over a large surface, and avoiding in a great measure the nerves and blood-vessels. Quite an amount of sustaining force can be borne when applied in this way.

This mode of distributing the pressure is one of the peculiarities of my apparatus, and one in which it differs from all others.

Early Medical Litterateurs of the United States. By J. HANCOCK
DOUGLASS, M.D.

Medicine, ranking at the same time as a science and an art, and holding good fellowship with the other learned professions, serves, by the connection it has with each, as the link of union between them, while it also extends its relation to almost every branch of human industry and knowledge. The vast domain of thought and attractive research which is constantly inviting the medical scholar, leaves him but little time for those active duties of life which would bear him prominent before the world. His sphere of action is rather in the quiet, subdued shadows of the sick chamber than in the forum. His words are words of sympathy or of kind encouragement, rather than passionate appeals to the prejudices or emotions of his fellow-man. His study is to alleviate suffering mankind; his researches are continually directed towards the discovery of the cause and the means of removal of the thousand ills flesh is heir to, and his aim is the prolongation of human life. Such a mission is divine; and in the accomplishment of this mission he enters wherever there is sickness or death, the home of the rich and the hovel of the poor. No society is too elevated for him not to enjoy, or to which he is not always welcome; no misery too abject which calls upon him in vain for sympathy and aid. High and low, rich and poor, the learned and the unlearned, find in him a companion, a compeer, a friend.

While his social relations are so extreme, so varied, and so extensive, his scientific relations are none the less so. In the pursuit of his profession, either as student or physician, there is hardly a branch of science into which he is not at some time called to look, and which some individual members of the profession have not ardently pursued, and eminently adorned. Frequently led away by the allurements of the collateral sciences, the legitimate walks of a truly medical professional life are abandoned for the more enticing pleasures of the new study. To the young physician, the domain of letters especially offers peculiar charms. We are not surprised, then, to find names holding no mean rank in our profession, at the same time occupying an honorable place in the department

of polite literature. Looking over the lengthy list of the names of those authors who have contributed to the formation of an American literature, as arranged in the Cyclopædia of the Messrs. Duyckinck, just issued from the press, we find a goodly number of medical men interspersed among clergymen, statesmen, lawyers, and laymen. Indeed, though few in comparison with the whole number, they are, however, more numerous, and their contributions have a higher grade of merit, than we should at first suppose they would have, from the fact, that the writings of medical men are rather upon the abstruse subjects of their profession or of the collateral sciences, than in the department of belles lettres.

In the first period of our colonial existence, with the noble army of pioneers, who came to this country not needy adventurers, but men of sterling worth and high mental acquirements, there were some of the medical profession who were worthy associates of such men as Roger Williams, John Cotton, and the Mathers. They acted their part as statesmen in the formation of the infant colony; they bore arms as soldiers in its defence; they gave encouragement to the weak and timid, aid to the sick and afflicted, and, finally, became its historians, in prose and verse.

The first medical man who figures in the two large volumes before us is Wm. Vaughan, a native of Wales, who removed to Newfoundland, "where he established a plantation, which he called Cambriol. and to invite settlers from England, sent home and published his '*Golden Fleece*,' a quaint tract in prose and verse, intending, through the medium of satire and fancy, to set forth the discouragements of England, and the encouragements of America." This was published in 1626, and several years after, in 1640, he published another work in verse, entitled the *Church Militant*.

One of the founders of the colony of Rhode Island was John Clarke, who, educated as a physician, emigrated to Massachusetts, and there claimed, with Roger Williams, full license for religious belief. He formed, and was the first pastor of, the Baptist Church at Newport, in 1644; was treasurer of the colony in 1649; went with Roger Williams to England in 1651, and published there in 1652 a work quaintly entitled "Ill News

from New England ; or, a Narrative of New England's Persecution, wherein is declared that while Old England is becoming new, New England is becoming old." Returning to Rhode Island, he was elected, for three successive years, deputy-governor, and at his death, left by will the annual income of a farm, to be employed for the benefit of the poor, and for the promotion of religion and learning.

"Y^e learned schoolmaster and physician, and y^e renowned poet of New England," as Benjamin Thompson is called, wrote much in verse, eulogistic and historical. From a poem called "New England's Crisis," we are given in the Cyclopædia a few stanzas, on a fortification at Boston, begun by women, from which we extract a few lines :—

"A tribe of female hands, but manly hearts,
Forsake at home their pasty crusts and tarts
To knead the dirt, the samplers down they hurl,
Their undulating silks they closely furl.
The pick-axe one as a commandress holds,
While t'other at her awkwardness gently scolds.
One puffs and sweats, the other matters why
Can't you promote your work so fast as I?
Some dig, some delve, and others' hands do feel
The little wagon's weight, with single wheel.
And least some fainting-fits the weak surprise,
They want no sack nor cakes, they are more wise.
These brave essays draw fourth male, stronger hands,
More like to dawblers than to marshal bands ;
These do the work, and sturdy bulwarks raise,
But the beginners well deserve the praise."

A handsome compliment to the force of example and influence of women, which is as true in our day and generation as in 1680, about which time these lines were written.

The name of Cadwallader Colden, the historian, the philosopher, is familiar to all students of colonial history, especially that of the colony of New Netherlands. He was born in Scotland, educated in Edinburgh, came to this country in 1708, settled in Pennsylvania, and practised medicine with great success in Philadelphia until 1715. He came to New York in 1718, entered into the service of the province, relinquished his profession, and filled with much dignity, and with great benefit to the colony, several of its most important offices. His writings

were historical and philosophical, and are esteemed of great value by the historians of the present day. His unpublished manuscripts, called the Colden Papers, are the property of the New York Historical Society, and constitute part of its valuable collection.

Hugh Williamson was another distinguished resident of New York, whose early life was spent in other States, but whose declining years shed their lustre in the midst of the society of which New York boasted in the early part of this century. He was of Irish parentage, born in Pennsylvania; was first a Presbyterian clergyman, which profession he gave up on account of ill health; then Professor of Mathematics, at the same time that he studied medicine, which latter study he continued in Edinburgh. He was a member of the legislature of the State of North Carolina, and then of Congress, and signed the Constitution of the United States in 1787. After this he came to New York, where he resided till his death, in 1819, an octogenarian, full of honors, having well served his country. He was present at the battle of Camden, and was of essential service to the wounded upon that occasion. His writings were historical and philosophical. Among the former are named a "History of North Carolina," and of the latter, appertaining to medicine, a production entitled "Observations on the Climate in Different Parts of America, compared with the Climate in Corresponding Parts of the Other Continent."

We cannot refer to the name of Benjamin Rush without recalling the statesman, the scholar, the philanthropist, the friend of Franklin, and the signer of the Declaration of Independence with Jefferson and Adams. He is the type of the good physician and the earnest medical scholar. His writings upon various subjects of a medical and literary character, are of the highest order of merit, and familiar to us all.

The earliest literature of all the infant colonies was for the most part from the pens of the educated professional men who immigrated to this country. Their writings usually partook of the character of their profession, so that, in many instances, although they wrote at length, their productions were not in the style of polite literature. We find, however, in the volumes before us, honorable mention of Dr. John Lining, Dr. Lionel

Chalmers, and Dr. Alexander Garden, as contributing by their medical writings to the formation of the literature of the country. Dr. Garden was for a short period in New York, and was a distinguished naturalist. Linnæus named a beautiful flowering shrub, *Gardenia*, in compliment to him. All these names are found in the literary annals of Charleston. James McClurg, a Virginian, studied medicine in Edinburgh and Paris, and returning home, established himself in Williamsburgh, Va., and afterwards in Richmond, where he died in 1825. He was remarkable for the purity of his style and his elegance of diction, and besides his medical writings, contributed to the literature of the day several productions in verse, which were much admired. "The Belles of Williamsburgh," some verses composed to amuse those about whom they were written, as the author states, are quoted in these pages as illustrative of his ready, easy style.

David Ramsay, the indefatigable student, the historian of the Revolution, was born in Pennsylvania, passed from the College of New Jersey to Philadelphia, where he studied medicine, and enjoyed the acquaintance of Benjamin Rush, and then to Charleston, S. C., where he practised and reached a high degree of distinction. "He wrote, among other papers relating to the times, a Sermon on 'Tea, from the text, 'Touch not, taste not, handle not,' in which he caricatured Lord North." He was Army-Surgeon at one time, a member of the State Legislature at another, and in Congress in 1782 and 1785. His writings, especially his historical ones, are voluminous. "His industry was a proverb. He slept but four hours, rose before daylight, and meditated, book in hand, while he waited for the dawn." He died in 1815, sixty-seven years old.

Lemuel Hopkins, a satirical poet of the time of the Revolution, was born in Connecticut, and practised in Litchfield in that State, and also in Stratford. He wrote in verse, and gave vent to his satirical powers upon men and matters engaged in the politics of the time. He was associated in some of these papers with Humphreys, Trumbull, and Barlow.

Benjamin Young Prime, another poet-physician of the Revolutionary era, employed his pen in patriotic strains, and ennobled the deeds of his warring countrymen, in enthusiastic verse.

In 1791 he published a poem called "Columbia's Glory, or British Pride Humbled; a Poem on the American Revolution."

Joseph Warren, whose name is indissolubly associated with Bunker Hill and the first struggles of our ancestors for liberty, was a Major General of the American army, and the first general officer who fell in that struggle. Dr. Warren gave the full support of his whole intellectual strength to the Revolutionary cause, and contributed by his pen, as well as his sword, to its progress. Some verses, entitled "Free America," in which he prophetically sings the future influence of America among the nations of the world, are introduced as a specimen of the Ballad literature of the Revolution, and of his own style of versification.

We may incidentally mention here that the tune of "Yankee Doodle," the patriot song, the origin of which has occasioned no inconsiderable critical research, was composed "by a Dr. Shackburg, attached to the British army, in 1775." First intended as a burlesque, it was caught up by the provincial soldiers, whose grotesque appearance, had suggested it, and was afterwards made to play no mean part in inciting them to deeds of great valor. Thus the innocent instrument of merriment became the engine of a great moral power.

Joseph Brown Ladd, who was born in Newport, R. I., was another poet of the Revolution, and delivered the second Fourth of July oration in Charleston, S. C., where, by the advice of Gen. Greene, he followed his profession. He died at an early age, twenty-two, from the effects of a wound received in a duel. He wrote the following :

WHAT IS HAPPINESS ?

'Tis an empty, fleeting shade,
By imagination made ;
'Tis a bubble, straw, or worse ;
'Tis a baby's hobby-horse ;
'Tis a little living, clear ;
'Tis ten thousand pounds a-year ;
'Tis a title ; 'tis a name ;
'Tis a puff of empty fame,
Fickle as the breezes blow ;
'Tis a lady's Yes or No :
And when the description 's crowned,
'Tis just *no where* to be found.

The reputation of the erudite Samuel Latham Mitchell is still fresh in our midst. His varied literary abilities, and his great facility at composition upon any subject, from a sentiment in a lady's album to a learned report upon the geology of the State, have passed into traditions which excite the wonder of the young physician, and have indued his memory with the characteristics of great genius. He was as ready in speech as with the pen, and was as fluent as an orator as he was brilliant as a writer. His literary remains are very extensive, embracing a varied range of subjects, prose and poetical, and are all marked with great purity of style, and grace of expression. He was born in 1764; completed his medical studies in Edinburgh; resided in New York, the social companion of Chancellor Livingston, Clinton, Gallatin, and others, and died in this city in 1831.

A cotemporary of Dr. Mitchell was David Hosack, who is better known for his medical writings than for his literary labors, and yet he is associated with all the prominent movements in the literary circles of his time. He was for many years the President of the New York Historical Society, and a Fellow of several foreign learned associations.

Another physician, who made New York the scene of his literary labors, was Elihu H. Smith. Dr. Smith was born in Connecticut, educated in Yale College, and completed his medical studies at Philadelphia. He then came to New York, and was associated with Dr. S. L. Mitchell and Dr. Miller "in the publication of the first journal of the kind ever printed in the country, the *Medical Repository*, commenced in 1797." "He, as well as his associates, were members of a 'Friendly Club,' which was the nucleus, at its weekly receptions, for the intellect of the city." Dr. Smith wrote much for the magazines of the day; he wrote a play, a poetical epistle to the author of the Botanic Garden, which was attached to the American edition of Darwin's works; various sonnets; and several descriptive pieces. He died of yellow fever, in 1798.

We have still to add one more name to the list of scholars and eminent physicians, who adorned our profession during the closing years of the last century, and who have given a lustre to the early years of the present,—that of Charles Caldwell.

This distinguished man was born in North Carolina, in 1772 ; commenced studying medicine in Philadelphia, under Drs. Shippen, Wistar, and Rush, in 1792 ; translated Blumenbach's Elements of Physiology, from the Latin, in 1795 ; and ever after continued a frequent writer for the journals of the day, upon a great variety of subjects. In 1814, he succeeded Nicholas Bid- dle in the management of the *Portfolio*, and gave to it, by the force of his character and his untiring industry, a renewed en- ergy which greatly contributed to its success. In 1819, Dr. Caldwell removed to the West, which was ever after the scene of his labors. He was connected, for many years, with the Transylvania University, at Lexington, and upon removing to Louisville, in 1837, was mainly instrumental in establishing the "Louisville Medical Institute." He died in this latter city, in 1853. Dr. Caldwell was a man of varied accomplishments, and possessed a facile pen. His writings, which are voluminous, and upon a vast range of subjects, are sufficient witnesses of his great industry, and of the power of thought he brought to bear upon every topic upon which he treated. Besides his medical essays, he wrote much that was biographical,—his connection with the *Portfolio* giving him peculiar facilities in this respect ; as many articles in that journal upon the heroes of the war with England, attest. His most important biographical work, was the "Life and Campaigns of General Greene."

No one can read that highly imaginative poem, *The Culprit Fay*, so full of beautiful fancies, peopling the wild romantic scenery of our noble Hudson with tiny creation's of the poet's brain, with- out rejoicing that the author was an American. I. Rodman Drake was a native of New York, where he was educated, and where he studied medicine under Dr. Romaine. He lisped in verse from his earliest years, and wrote much during his short life, which terminated in his twenty-fifth year. He was the first of the celebrated croakers, who, in 1819, convulsed the town by their witty and satirical papers in verse, published in the *Evening Post*.

There are a few of the prominent names among members of the medical profession, whose literary labors have served to give a stamp to American literature, up to the commencement of the present century ; many others might be mentioned, but

as we are drawing near to the time of our cotemporaries, we shall here stop, without referring to authors who are well known to us, living with us, and acting with us daily. Let the grave cover them, and when they are removed from the chance of envy, some future reader, proud of the position of his profession in our country's progress, will extract from some more extended cyclopædia, their names, as additional examples of the influence of the medical profession upon its literature.

CHRONICLE OF MEDICAL PROGRESS.

Duration of Life in Scirrhus Cancer of the Breast. By Mr. PAGET, St. Bartholomew's Hospital.

Records which I have made or collected of 139 cases of scirrhus cancer of the breast, watched to their conclusions, or to their survivals beyond the average duration, give the following results :—

In 75 not submitted to operation, the average duration of life, after the patient's first observation of the disease, has been 48 months. In 64 submitted to operation, and surviving its immediate consequences, the corresponding average has been a little more than 52 months. The longest duration of life, in the former class, has been 216 months ; in the latter class, 146 ; the shortest, in the former, was 7 months, in the latter, 7½.

The proportionate numbers of the deaths in each year, after the first observations of the disease, may be represented by the following table :—

					With operation.	Without operation.
					Per cent.	Per cent.
In the first year, there died	-	-	-	-	4.7	8.
" second, " "	-	-	-	-	6.25	22.6
" third, " "	-	-	-	-	21.8	24.
" fourth, " "	-	-	-	-	14.	9.37
" fifth, " "	-	-	-	-	20.	7.3
" sixth, " "	-	-	-	-	11.	5.3
" seventh, " "	-	-	-	-	9.37	9.37
" eighth, " "	-	-	-	-	3.12	2.66
" years after the eighth,	-	-	-	-	9.37	12.

When the extremes of duration are so widely different as they are here shown to be, a perfectly reliable average cannot be obtained, unless the number of cases are, on both sides, larger than those supplied by my records. I believe, therefore, that the results here

stated are only near the truth, and that the collection of more cases will in some measure alter them.

Thus, it is nearly certain that the averages stated above are, on both sides, rather too low, for twenty of the patients (*i. e.*, one-seventh of the whole number) are, or were, still living, after having survived the average time of duration with the disease. Moreover, as cases of the longest duration are the most likely to be lost sight of before their record is completed, it will generally happen that a collection of cases will include a disproportionately large number of those of short duration. Allowing, however, for these causes of reduction in the calculated average durations of life, there appears no reason to expect that any number of completed and unselected cases will prove an average duration of more than five years from the first observation of the disease.

The sources of error above referred to would, I think, especially reduce the estimate of the average duration of the cases in which no operation is performed; for unless cases are kept with an express intention of recording all that occur, without any selection whatever, there will be a tendency to omit a disproportionate number of those which are not made interesting, either by operations, or by some of those striking events which are most common in acute cases. Hence, the records will generally contain too few of the most chronic cases in which no operation has been performed. I have expressly avoided this error in my own note-books, by avoiding everything like a selection of cases for record; but I cannot be quite sure that the same rule has been observed in some of the records from which I have derived cases observed by others. I can find, however, no reason to believe that any full and accurate tables of cases will bring out, as a result, that patients, in whom cancer of the breast is left to pursue its course, live longer, on an average, than those from whom it is removed. Rather, I believe that, if care be taken in the discrimination of the cases appropriate for the operation, and in the rejection of those that are unfit, there will appear a gradually increasing, though it may be always a small advantage in favor of the cases in which the breast is removed. Probably it may be ascribed, in some measure, to such care, that the additional and continued cases, which I have tabulated in the last two years and a half, make the average duration in those operated on rather longer, and that in those not operated on, rather shorter than it appeared in 1853.—*Lancet*.

Turkish Medical Service.

VARNA, Bulgaria, Dec. 1, 1855.

Having been connected for a time with the Ottoman army in Europe in the capacity of a surgeon, I cannot do better than condense into a single letter a few of my own observations, with some general allusions to the medical profession in the East.

In the first place, service in the Ottoman army, medical or otherwise, offers no inducements whatever to young Americans. Of actual want, one suffers little, but must submit to humiliating embarrassment; while the society of even the first officers cannot possibly be agreeable to a person who is cultivated or accustomed even to the mere decencies of life. The Turks are slow to perceive merit, and still slower to reward it. The first, and almost the only word of English they learn, is *to-morrow*; and however gentle and urbane the Mussulman may be in private life, he is a paragon of intrigue, and overbearing treatment, in office. Foreigners who enter the Turkish service, appear to adopt permanently their worst peculiarities. It was related to me by an Italian, in the service at Silistria, that Achmet Pasha once caused several of his physicians to be tied up and flogged, in the presence of the troops. We hear much of foreigners in the Ottoman service; but very few of them, surgeons excepted, acquire positions of any importance, in the army. Their connection with the service is nominal, rather than actual. The gradations of rank in the army are multiplied in a manner very convenient for amateur warriors, who are ambitious to become lions in the Clubs of London and Paris, by campaigning a few weeks along the Danube, or in Asia. The Mussulman still looks with contempt upon the Giaour. The Turkish soldier will not be led into action by an officer who has to give his orders through an interpreter; and when it comes to fighting, it is generally the Mussulman *Bambashis* and *Kaimakams* who march at the head of the columns.

With respect to actual medical service in the Turkish army, I had an excellent opportunity for cholera practice, no less than 4000 troops having died of that disease while Omer Pasha was in the Danubian Principalities. The hospital appliances were much better than could have been expected under the circumstances. Ice, used both externally and internally, was found to be, in most cases, the best remedy for cholera, and though it cost \$1 per pound, was used in great quantities. The Turks love the sword, but have the utmost horror of the scalpel. When Mahmoud opened a Medical College in Constantino-

ple, he was obliged for many years to procure Christian subjects for dissection, through the Austrian Minister. Mussulmen are equally averse to surgical operations. Surgery is, in fact, rarely called into requisition in the Turkish camp. During the affair of Kalefat, in which 12,000 Turks perished from cold, fatigue, and sorties against the Russians, and when patient Mussulmen became furious maniacs through extreme suffering, but one grave surgical operation was performed, whereas hundreds of lives might have been saved by judicious management.

Comparatively few Turks practice medicine. The professors of the healing art, in the Orient, are mostly Greek and Italian adventurers, who make the simple Moslems the dupes of their charlatanism. The Imperial license to practice anywhere in the Sultan's dominions, can be obtained for a few piasters. Even those who are employed professionally, in the Séraglio, and penetrate the mysterious harems of the Turkish grandees, do not hesitate to administer preparations followed by the most fatal effects. They do indeed profess to teach medicine in the schools attached to the mosques, after the doctrines of Avicenna, Averroes, and other Arab authors, but the practice is founded upon no definite system. The believer in fatality does not fear death; and this is the principal reason why, in times of the plague and cholera, the Turks suffer less than the timid Greeks and Armenians.

Generally speaking, the simple remedies recommended by the Arab teachers, are far more efficacious than the medical treatment dictated by the ignorance and superstition of the Greeks. The most valuable drugs are to be found in the bazaars, but in consequence of the profound ignorance of the rudiments of chemistry, among the Turks, the pharmaceutical preparations sold in the shops, are gross and inefficacious. Distilled water is the ordinary medium for administering medicines.

The Mussulmen Hakims divide all diseases into two classes—nervous affections of the face, and those of an erysipelatous character; and secondly, all maladies not included in the above. Some of the Emirs, descended from the daughter of the Prophet, profess to cure the former by means of charms, incantations, and mysterious remedies, of which they claim the monopoly. When the cure is not effected, however, they insist that it is not from the inefficacy of the means employed, but from the fact that the disease does not belong to the class in question.

Poujulat relates an incident which came under his observation in

the slave market in Constantinople, and illustrates the occasional cruelty of the Turks, in the employment of remedial agents :

A female Abyssinian was suffering from an inflammatory tumor on the right arm. Her master, supposing it to be a plague-spot, ordered molten lead to be poured upon the same. This heroic treatment caused the most exquisite suffering, and the poor slave besought her master, with tears and cries, to desist. Poujulat inquired, through his dragoman, if molten lead was efficacious in the treatment of the plague. "It either kills or cures at once," replied the Mussulman ; "and, by Allah, that best suits my purpose."

The little surgery that is allowed among the Turks, is practiced by the barber, whose razor is employed alike in shaving the heads of the Faithful, and the faces of Christians—in circumcision, blood-letting and the removal of tumors. In ancient times, the profession of the physician and that of the barber were united in the same august individual. So far as surgery is concerned, that is still the case in the East, and in many parts of Europe. The rod entwined with the serpent, indicating a combination of strength and wisdom, is retained by the barber, where the professions have become distinct ; and I still recognize a professional brother in the individual who relieves me of a scanty capillary growth, and shaves the head of my Mustapha until his glowing cranium resembles the rising full-orbed moon.

Among the Græco-Slaves, as with the Turks, surgery is monopolized by the knights of the razor. The practice of medicine is confined for the most part to magicians and sorcerers. There are no midwives ; nature renders them superfluous. The mountaineers have a very efficacious method of treating wounds received in their almost perpetual conflicts. Intermittent fever and dysentery are the prevalent diseases of the climate. As among all uncivilized or half-civilized people, the absence of favorable circumstances causes the premature death of feeble children. Those only who possess vigorous constitutions live to maturity, while their natural strength is increased by a temperate manner of life, especially in mountainous regions. A rapid increase of population is thereby prevented ; but those who survive are more healthy and vigorous than the majority in civilized countries. When a person is attacked with any disease, he at once avails himself of the exorcising prayers of his Pope or Priest, and then drinks largely of cold water. Hydropathy has in fact been in vogue for ages with the Græco-Slaves.—*Tribune*.

On the Arthralgia of Phthisical Patients. By J. H. S. BEAU.

Under this term, I comprehend settled pains in the limbs of phthisical patients. M. Tanquerel was the first to make use of this expression to designate the acute pains which affect the limbs in cases of saturnine intoxication, correctly remarking that the word *αρθρον* was employed by the Greeks to signify indifferently, limb or articulation.

The same name, arthralgia, might be given also to those pains in the limbs which mark the third degree of scurvy, and which have been pointed out by the different writers on that disease.

In phthisis, then, as well as in saturnine poisoning and scurvy, we meet with pains of greater or less intensity affecting the limbs. It is those pains, which are no where described or even mentioned, that I am about to bring before my readers, by giving a succinct history of them, under the name of the arthralgia of phthisical patients.

I would first state that these pains show a decided preference for the lower limbs. During about two years that my attention has been directed to the observation of this symptom, I have only once seen the arthralgia settled at the same time in both the lower and upper extremities. I may add that it is very rarely confined to one lower extremity. Almost always it affects both limbs at once, although it is often less intense on one side than on the other. In like manner, the arthralgia is seldom limited to the thigh, the leg, or the foot ; it almost invariably occupies both lower limbs in their entire extent.

The character of the pain varies a little in individual cases. Thus, it is sometimes described as an intolerable sensation of rending or bending ; at others, it is lancinating, and appears to follow the course of the nervous branches.

Its intensity is also very variable ; some phthisical patients scarcely suffer from it, while in others it is insupportable. I have frequently known this arthralgia elicit groans from the sufferers, and completely deprive them of sleep. Sometimes the pain—especially when it is of recent occurrence—is excited only by pressure ; but it soon becomes spontaneous, and in this case, when it is very intense, the slightest touch is sufficient to make the patient cry out.

This pain is continuous, but it is subject to exacerbations, supervening chiefly during the night ; it is never accompanied with convulsive movements of the muscles. I have remarked that when it is very acute, the limbs are flexed and the muscles relaxed ; the patient can neither extend nor make use of his limbs.

It is very difficult to localize these pains. They affect the lower limbs in a mass, without our being able to fix their seat in the nerves, the muscles, or the osseous tissue, either during life, or even after death.

This arthralgia is met as a prominent symptom in scarcely more than a fourth of the number of those who die of pulmonary tubercularization. It generally shows itself along with the symptoms which constitute the third or colliquative period of pulmonary phthisis.

It is observed particularly in the cases in which the emaciation is very great, where the fever is high, especially in young subjects of the female sex.

Sometimes it is complicated with simple œdema of the lower limbs, and one would be tempted to diagnose a case of this kind as one of phlegmasia alba dolens, which is often enough observed in phthisical patients. This error may be avoided by observing, that, in phlegmasia, the skin is tense and does not retain the impression of the finger, while, in ordinary œdema, it has not these characters; and moreover, in phlegmasia it will often be possible to feel with the fingers the inflamed venous cord, while, in the simple œdema, complicated with arthralgia, nothing of the kind can be observed.

The prognosis of this affection is very unfavorable. I have never seen tuberculous patients who suffered from it, I will not say get well, but even experience an alleviation of their disease. It indicates that the subject of it labors under a fatally and rapidly progressive consumption.

The treatment can, consequently, be only palliative. It consists in the external and internal use of the preparations of opium, which occasionally procure relief. Pains of this nature are often relieved by enveloping the limbs in hot cloths.—*Presse Médicale Belge*, Jan. 3, 1856, p. 18.

Chinoidine in Intermittent Fever.

Dr. Rogers, surgeon to the Panama Railroad Co., concluding an article on chinoidine, in the *Boston Medical and Surgical Journal*, says:—

“Taking everything into consideration that has resulted from the experiments of my colleagues on the Isthmus, and my own, I am forced to the conclusion, that in the *treatment of intermittent or any malarious fever, chinoidine is less certain in its effects, less prompt, quite as disagreeable, and as expensive as sulphate of quinine.*”

Case of Spontaneous Cure of a Pleuritic Effusion by Purulent Metastasis to the Urinary Organs.

The following case, reported by Dr. Luciani, deserves to be placed among those of the same nature already on record :—A young man, aged 23, was admitted into the Hospital of Santa-Maria-Nueva in Florence, with a well-marked pleuritic effusion of the left side of the chest. The respiration was labored, rapid, and limited ; there was immobility of the thoracic walls of the affected side, while the dilatation of the chest was very strongly marked on the opposite side ; the patient complained of lancinating pains under the left breast on forced inspiration ; there was inability to lie on the side without bringing on a feeling of suffocation ; he had a short dry cough ; there was dulness of the whole of the left side, with absence of respiration over the same side, except in a very small space in the subclavicular region, and a little behind along the vertebral column ; there was, moreover, well-marked ægophony. Further, the arching of the ribs on this side was much more decided than on the other, with slight infiltration of the integument. With all these local characteristics was combined an assemblage of general symptoms, such as are always met with under similar circumstances ; as, for example, collapse of the features and excessive paleness of the face ; a parched, red, and pointed tongue ; acute thirst ; dryness of the skin ; pains in the upper part of the abdominal region, towards the inferior edge of the false ribs, suggesting the idea of a diaphragmatic pleurisy ; engorgement of the liver, &c.

The treatment consisted in the application of leeches to the anus to diminish the congestion of the liver, in the employment of large blisters to the affected side of the chest, the use of tea, containing acetate of potash, of kermes, and of squill.

Under this course of treatment there was scarcely any sensible improvement, when suddenly a brisk reâction set in through the agency of the urinary organs, the urine becoming very abundant and so turbid as to be quite lactescent and to deposit pus. A rapid improvement ensued ; the respiration became more and more distinct in the affected side, the effusion disappeared, and the patient got well in a few days. The urine then resumed its natural appearance and condition, and the patient left the hospital quite recovered.—*Presse Médicale Belge*, January 3d, 1856, p. 19.

Treatment of Otorrhœa. By JAMES YEARSLEY, Esq.

Cotton wool, as a curative agent in otorrhœa, is highly extolled by Mr. Yearsley. He objects to the too energetic use of astringent injections, and substantiates the value of cotton by numerous cases. His manner of using it is to first cleanse the passage of the ear by gently syringing it with warm water, and then removing the moisture by means of a porte-sponge. A small piece of dry cotton is then applied, and pressed gently upon the surface of the aural cavity. The patient must now be restricted to silence, and such food as needs no mastication, as the motion of the jaw detaches the cotton from its apposition. Twenty-four hours having elapsed, the cotton is removed, and another dressing, in like manner as the first, applied. This course of procedure is invariably followed by success.

Vapor of Iodine in the Treatment of Ophthalmia. By CALVIN G. PAGE, M.D.

Several cases of ophthalmia having come under Dr. Page's notice, which resisted all the usual remedies, he resolved upon using the vapor of iodine. Availing himself of the fact that iodine, dissolved in chloroform, evaporated without leaving its characteristic stain, he made use of the remedy in that form.

The cases in which he used it were severe, marked by the following symptoms: swelled granular lids, injected conjunctiva and sclerotica, intolerance of light, dimness of vision, lacrymation, and excretion of pus. He also used it in a case of tarsal ophthalmia. In every case marked benefit immediately appeared upon the exhibition of the vapor. In applying it, the eyelids should be closed, and the atmosphere excluded from the surface.—*Boston Med. and Surg. Journal.*

Albumen in Jaundice.

The experiments of M. Bernard, demonstrating the fact that albumen is assimilable through the function of the liver, suggested to Dr. Griseler, of Gottingen, the idea that this substance might be used as a stimulant to that organ, and thus become an excellent cholagogue. This is certainly ingenious and plausible. The case which Dr. Griseler quotes, in which a Spanish physician prescribed for Mr. White, author of "*Treatment of Pregnant and Parturient Women*," will designate the mode of administering it. He ordered his patient to take, while fasting, two raw eggs, both yolk and white, in a glass of water, and repeat the dose with one egg every four hours. Mr. White was entirely cured, and afterwards prescribed the same to his patients with success.—*Med. Reporter.*

Asthma. Dr. Hoyt, in the *Boston Medical Journal*, reports a case of asthma appearing synchronous with the catamenia, for a period of twelve years, cured by the use of iodide of potassium, in six grain doses, repeated every hour, until relief was obtained; after which the remedy was continued for forty-eight hours, in smaller doses, at longer intervals.

Amputation of the Penis. By Dr. HILTON. Transfix the body of the penis just above the urethra, cut through the corpora cavernosa, and then dissect out the urethra, dividing it half an inch further out than the first incision. This operation results without the patient experiencing any difficulty in urinating.—*London Lancet*.

Cholera. Homœopathy. Dr. Chargé asserted, through the journals of Lyons and Bordeaux, that out of several hundred patients with cholera, he had not lost one. Upon which, a ward in Hotel Dieu was entrusted to the care of Dr. Chargé, that the truth might be established. Assisted by his Homœopathic colleagues, he entered upon his duties. *Of 26 cholera patients admitted, 20 died. M. Chargé withdrew. During the same period, in another ward, in which rational means were practiced, but 11 died out of 25 patients admitted. Homœopathy was humbled.*—*Gazette des Hôpitaux*.

Photophobia. In cases of serofulous ophthalmia and chronic granular conjunctivitis, the tincture of iodine has proved peculiarly beneficial, applied to the lids and orbicular region once or twice a day. Under its use, photophobia is said to be removed as by enchantment.—*Jour. de Med. de Bruxelles*.

Local Anæsthesia. M. Grunault gives us a formula, in the *Jour. de Chimie Medicale*, for the gelatinization of ether, which appears to be a preparation of some value, as it enables the practitioner to localize and prolong the action of the ether as may be desirable, without that constant surveillance demanded by the extreme volatility of the agent not thus prepared. Beside, various drugs are soluble in ether, which do not prevent gelatinization, and thus may we not have a valuable means of local medication?—The formula, is one part of the white of egg, and four parts of ether, which being briskly agitated in a stoppered bottle, soon combines, forming a beautiful opaline jelly.

Chronic Entropium. Two obstinate cases of entropium are reported as cured by applying, every other day, several layers of collodion to the eyelids previously corrugated by the thumb and finger. Buton.—*Lancet*.

Lizard in the Stomach. Dr. Clark, of Montpelier, exhibited to the Vermont Medical Society a live red lizard, three inches in length, vomited by a patient of his, a farmer, aged 50, whom he had attended for two years for occasional nervous attacks. Since the expulsion of the lizard, the patient has been perfectly well.—*Boston Medical and Surgical Journal*.

Poison. What is the antidote to the bichloride of mercury? L. Schröder says (*Deutsche Klinik*) albumen cannot be depended upon as an antidote; the albuminate which is formed being soluble in an excess of albumen, and therefore emesis should follow its administration to make it useful.

He says also, that hydrated magnesia cannot be regarded as antidotal, as it forms from the corrosive sublimate an oxide of mercury, which is itself poisonous.

L. Schröder bases his conclusions upon numerous experiments upon dogs and rabbits.

Chloroform. "Invariably and uniformly observe the strictest caution, prudence, and circumspection in the employment of this powerful agent, and never intrust its exhibition to a non-medical person."—*Nashville Journal*.

"No discovery of recent date is equal in importance to that of chloroform—an agent capable of producing the most powerful effects, and that, too, with safety, when used with proper care and discretion."—CHUTTERBUCK.

Nux Vomica. From the experience we have had with *Nux Vomica* in constipation arising from muscular atony of the intestines, we can bear strong testimony to its efficacy. We see by the *London Medical Times and Gazette*, that Dr. Peacock and Dr. Clark, of the Hospital for Diseases of the Chest, are in the habit of using this drug or its alkaloid in similar cases, combined with the compound rhubarb pill, in doses of from one-sixth to one-half a grain of the extract.

Cataract. M. Malgaigne, after a thorough consideration of this subject, based upon upwards of sixty autopsies,—in none of which he found the capsule opaque or the opacity of the lens beginning at its centre,—concludes 1. That the existence of a cataract commencing in the centre of the lens, is as yet purely hypothetical. 2. There is no example of a simple capsular cataract without opacity of the lens. 3. Complicated capsular cataract may form an exception to this rule; only two instances of this, however, having been demonstrated. M. Malgaigne denies the existence of the liquor morgagni, which puts aside all possibility of there being a cataract of such a fluid, as announced by Tenon and Hoin. Accordingly it may be stated that to the present time but two varieties of cataract are known, viz: lenticular and capsulo-lenticular—the change in the crystalline body always commencing in the layers adjoining the capsule, although the lens itself remains transparent.—*Rev. Med. Chir.*

The New Orleans *Medical News* reports an interesting case of paralysis of the supra spinatus and deltoid muscles of the right arm, which had existed for three years, sufficiently relieved for all practical purposes by the use of veratria, applied as an ointment, of the strength of one drachm to the ounce of lard. The shoulder was well rubbed three times daily for one month.

Symphiseotomy. This rare operation has been performed by M. Maslieurat-Lagemard, as reported in the *Med. and Chir. Review*, on a patient whose condition demanded surgical interference. Being unprovided with requisite instruments for performing cephalotripsy or excerebration, M. Maslieurat had to choose between the cæsarian section and the operation performed. In a few days after the operation, phlegmasia dolens was developed in the right leg of the patient. She recovered, however, and in fifteen days resumed her occupation.

Ipecacuanha in Drunkenness. By Mr. HIGGINBOTTOM. Ipecacuanha is recommended by the author as an efficient remedy for drunkenness, taken in half drachm doses, as an emetic. It stimulates the whole system, equalizes the circulation, and being perfectly safe as an emetic, is far preferable to the tartrate of antimony. Ipecacuanha given in that way destroys the desire for alcoholic stimulus at once, and if this plan be followed at each subsequent attack, the habit will be broken, and the patient effectually cured.—*London Lancet.*

Fistula in Ano. To prevent the relaxation of the sphincter ani, which so frequently follows its division in operating for fistula, *nitric acid* is said by Dr. Mitchell to be effectual. He applies the strong nitric acid around the margins of the divided sphincter four days after the operation. The application need be only once repeated. The consequent pain is quickly removed by smearing the parts with oil.—*London Lancet.*

Escharotic. A compound of the strongest nitric acid and sublimated sulphur has been used in Guy's Hospital as an escharotic. It is applied by protecting the surrounding parts with plaster. It appears to give less pain than nitric acid alone, and acts longer.—*Med. Times and Gazette.*

Glycyrrhiza Glabra. Mr. Wm. R. Prince, of Flushing, L. I., recommends the cultivation of liquorice in this country. He thinks the soil of some of the Western States peculiarly adapted to its growth. This is certainly a subject worthy of consideration.

Convulsions. Dr. Lalesque reports having checked *convulsions* in children by irrigating the head with cold water, using about two quarts at a time in a large continuous stream.

With the same remedy Dr. Shultenberger has cured two well marked cases of hydrocephalus.—*Rev. Med. de Paris.*

Erysipelas. Mr. Skey, in the course of some very sensible remarks on erysipelas, says, "Erysipelas is essentially a disease of debility, and when you have witnessed, as I have frequently done, the excellent influence of quinine, of bark and of wine, you will be as thoroughly convinced of this truth as I am." Mr. Skey is a decided advocate of the tonic treatment in this disease, and employs quinine or bark in all its stages, whether coupled with delirium or not.—*Lancet.*

Chancre. Dr. Ligmund says that chancres must be cauterized *within the first four days* to prevent secondary symptoms,—a deduction drawn from more than a thousand cases.

Dislocation of the Hip Joint.—Reid's method. Flex the leg upon the thigh, then bring the knee against the sternum ; grasping firmly the knee and trochanter (the foot being steadied by an assistant), carry the knee outwards, when the bone will slip into its place.

Delirium Tremens. Dr. Peddie reports, in the *Edin. Med. Journal*, six cases of delirium tremens treated by the *tartrate of antimony*. His course is to give the patient full liberty of the house, with two intelligent men to attend and humor him. Every two or three hours, as the case demands, one-fifth of a grain of the tartrate of antimony (℞. Antim. Tart. gr. iv.; infus. quassiae et aquae aa ʒx. M. Portio cyathus.) is given whether it sickens or not, but to be discontinued if sleep supervenes. Beef tea, &c., occasionally. Dr. Peddie has followed this course for ten years, in upwards of eighty cases, with uniform success.

On the Cachexia produced by Iodine. By Dr. LEBERT. After a careful examination of this subject, and a reviewal of all the diseases in which the preparations of iodine have been used, Dr. Lebert concludes that inasmuch as ill effects only have ensued after its use in enlargement of the thyroid body, the toxic influence is produced by the too rapid absorption of the hypertrophied gland. In other words, it is a thyroid, rather than an iodine poison, which, entering the circulation, produces the ill effects which have been attributed to this drug.—*An. de Therapeutique.*

Hæmostatics. M. Aran has successively experimented with the various hæmostatic agents, such as the resinous substances, ergot of rye, and common salt ; then astringents,—acetate of lead, alum, tannin, and gallic acid ; nauseants and emetics,—ipecac, tartar emetic, and veratrine ; and sedatives of the circulation,—nitre and digitalis. He says in proper hæmoptysis, but not immediately threatening life, the physician may use either of the preceding remedies. In *very* profuse hæmoptysis, on the contrary, where necessity exists to arrest the bleeding as soon as possible, by such means as are least likely to depress the system, the physician must not trust to alum, nor sugar of lead, nor rhatany, and the like. Only turpentine, gallic acid in a large dose, salt, nitre combined with digitalis, can be employed with success. In fine, to gallic acid and turpentine he gives preference in grave cases.—*Gazette des Hôpitaux.*

Oxide of Silver in Menorrhagia. A case of alarming menorrhagia in which every other remedy had been faithfully tried, is reported to have been cured by the use of oxide of silver, in doses of one-quarter of a grain, three times daily.—*Lancet.*

Cancer. "I will sum up in conclusion, the rules I believe most useful to follow, to prevent cancer, or to arrest its progress when the malady has displayed itself :

1st. To rouse the functions of the skin by cold baths, by daily frictions with coarse flannel or hair gloves.

2d. To stimulate the muscles by daily and regular exercises in proportion to the powers of the system.

3d. To prefer a vegetable diet, and eat very moderately of meats.

4th To avoid moral emotions, particularly of a depressing character, and to keep the mind amused and agreeably occupied.

5th. To obtain, either by regular habit or by some purgative, one or two regular operations from the bowels every day."—BOUCHERDOT.

Hemorrhoids. We have seen in one of the French journals that capsicum is highly recommended as a remedy for hemorrhoids. Dr. Buckingham (*Boston Med. and Surg. Journal*) thinks the pickled unripe pepper more agreeable to take, and quite as efficacious as the powdered capsicum. We have seen some cases benefitted by the use of ginger in the form of ginger snaps, but are inclined to think the proportion of cases extremely small, indicating the use of either article.

Aneurism of the Superior Palatine Artery. M. Feirlinck reports a curious case of aneurism, the tumor occupying the roof of the palate, of a man 74 years of age. It appeared without any known cause, and had an existence of three weeks, frequently bleeding. The actual cautery was applied, productive of a perfect cure.—*Gazette Med.*

Pneumonia. M. Aran has obtained great success in the treatment of pneumonia by veratrine. Out of twenty-three cases so treated, some of them very severe, twenty-one recovered. The rapidity of the cure was remarkable, resolution occurring as early as the fourth day. The veratrine treatment is especially applicable in primary simple pneumonia occurring in vigorous adults, and is not so well suited for the adynamic forms of the disease.—*L'Union Med.*

Syphilis treated with Nitric Acid. Dr. J. F. Heath, of Petersburg, Va., reports a case of syphilis with secondary symptoms, treated by *nitric acid* with complete success. The case was well marked, and what is rather peculiar, the chancres healed only with the general progress of the cure, although acted upon by the nitrate of silver, which appeared to act as an irritant. He used the officinal preparation, and administered it in drachm doses daily, by degrees increasing the quantity to two and three drachms.—*Virginia Medical and Surgical Journal.*

Puerperal Diseases. Dr. Ritter von Brenner strongly recommends the *oxalate of potassa* in inflammation of the peritoneum, uterus, or ovary, and especially in the metro-peritonitis of puerperal women.

The formula is—℞. Pot. oxal. gr. vj.; sacch. ʒij.; aq. destil. ʒvj. M. Cochl. quâque horâ.—*Buckner's Report.*

Condition of the Anterior Fontanelle, in the Treatment of Infants.
By Mr. HILTON. "When the arterial circulation is in a natural state of vigor and activity, the anterior fontanelle is observed on a level with the surrounding parts. If from some cause the circulation be unduly excited, it is rendered more tense or prominent; but if, on the contrary, the circulation be enfeebled, it is lowered or depressed below the surrounding parts. I know, in fact, of no sign that so correctly and clearly estimates the vital powers of the infant, as this easily recognizable condition of the anterior fontanelle."—*Guy's Hospital Reports*.

Typhus. Dr. De Gressot proposes to vaccinate upon some accessible point of the intestinal mucous membrane, for the prevention of abdominal typhus.—*Gazette Med.*

Pseudo Membranous Angina. M. Marchal (de Calvi), taking advantage of the attributed solvent action of the alkalies upon the fluids of the body, made use of the bicarbonate of soda in a case of pseudo membranous angina, the details of which he has given in a communication to the Academy of Sciences. He administered the remedy in doses of fifteen grains every hour, with the most happy result.—*Gazette des Hôpitaux*.

Hydrocele.

Dr. La Farge, surgeon to the hospital Del Greve, at Tolosa, states that he has cured a hydrocele the size of a pear, in seven weeks, which had been in existence many months, with an ointment of digitalis leaves, made by uniting one part of the herb to five parts of lard. Other cases are reported, on good authority, to have been cured by like means.—*Gaz. Med. Ital. Toscana*.

Episodes in War.—After the fall of Kars, due in a great measure to Lord Stratford, according to the *Times* of the 16th, the troops of the Turkish general were so reduced by famine, that the Russian general sent seventeen of his own surgeons to attend on the sick Turks; 120 men each day were dying of inanition and starvation. On the 19th of December, soldiers were discovered digging up dead horses, half rotten, to use them as food; dozens of soldiers were found dead or dying, with handfuls of grass beside them, or in their mouths, which they in vain tried to eat. A rat was sold to an English officer for 16s., as food; horseflesh alone was given to the sick in the hospital. The Russian surgeons, by another account, at once set about feeding the sick by spoonfuls at a time, but many died of the reaction and excitement of grasping too much food. The war being now happily at an end, these things read like some of the horrors of the middle ages.—*Dublin Press*.

EDITORIAL AND MISCELLANEOUS.

American Medical Society in Paris.

We have before now had occasion to speak of this Society, and of one of its measures, with reference to the National Association, in terms not entirely commendatory. We have never doubted that its objects and aims were good ; but to lay these more fully before the Profession in this country, we give the subjoined extract from a circular received from the Society, setting these forth. At the same time, it may be a useful suggestion to the Society, that they take a little pains to acknowledge the receipt of books sent them from this country ; for we have heard authors complain of neglect, and they are not encouraged to send a second time. But the following is the extract :—

Hall of "The American Medical Society in Paris," }
Rue des Quatre Vents, No. 6, PARIS, July 4th, 1855. }

This Society occupies an exceptional position, and one which might enable it to be the medium of doing great service to the Profession in the United States, by means of an international exchange of professional labors.

The American physician still encounters in the wards of the Parisian Hospitals the sneering question—"What have you ever done in America to advance the science of Medicine?"

The almost complete forgetfulness with which the Profession of the United States is passed over on the one hand, and the ridicule with which it is treated on the other, have taught such of us as know most of the opinions and the tone of the medical men of this country, that a remedy for this state of things is demanded, and that some means ought to be adopted to put the remedy into execution.

There are honorable exceptions to these appreciations of the labors of the Profession in the United States, but they do not extend to any considerable portion of the Profession of this country ; and when we hear so distinguished a man as the learned Professor of Surgery of the Faculty of Medicine of Paris declare, in his official lecture, at the School of Medicine, while ridiculing American pretensions to originality in Surgery, "that because the Americans had discovered anæsthesia, they had become so puffed up as not to be able longer to realize their true position in the world of Surgery," we think that some efforts ought to be made by the Profession in the United States to correct this erroneous estimate of their labors, and to show to the Profession of France that their brethren of the United States have rendered valuable services even to French Surgery.

"The American Medical Society in Paris" has, by the facts which

it has furnished from time to time to French medical authors, contributed in a measure to dissipate these mal-appreciations, and has thus succeeded in introducing into French works flattering notices of the successes of American Surgery, successes of which the eminent French authors had no previous knowledge, and which would never have found a place in their works but for the existence of the American Library at Paris.

The Committee, therefore, appeals to the Profession in the United States, to authors, and publishers especially, to send contributions to the Library of "The American Medical Society in Paris."

The Society places its claims for the sympathy of the Profession at large upon national grounds; for from its geographical position and frequent change of members, it is supported more by patriotic than by personal motives, and it is upon these grounds that this appeal is made.

Through the politeness of Mr. Bossange, bookseller, No. 138 Pearl street, New York, to whom all books should be addressed, and the obliging forwarding-house of Messrs. Livingston, Wells & Co., No. 8 Place de la Bourse, Paris, all contributions addressed to the Society will arrive safely.

W. E. JOHNSTON, M.D., President,	} Committee.
DAVID P. COLTON, M.D., Librarian,	
SAML. GOURDIN, M.D., Cor. Sec.,	

Commencement.

By an unexpected detention, we are enabled to give a brief account of the Commencement exercises of the New York Medical College. They were held on the evening of the 4th of March, in the middle lecture-room of the College. Notwithstanding the very inclement weather, the hall was filled at an early hour. PETER COOPER, Esq., presided.

The following was the order of exercises:—Prayers were read by the Rev. Mr. Geer. The Van Arcken prizes were awarded by Dr. Cornelius Walke, one of the censors of the College. Dr. Walke stated that the selections had been made by medical gentlemen not of the Faculty, and were—the first, of twenty-five dollars to Edward M. Deey, of New York, for a thesis on *Epilepsy*, and the second, of fifteen dollars, to Benjamin Lee, of Delaware, for a thesis on the *Mechanics of Medicine*.

The Dean of the Faculty, Professor Doremus, then read the list of candidates for the degree, who, after taking the Hippocratic oath, received the honor of Doctor of Medicine from the President of the

College, Professor Green. After conferring the degree, the President addressed the graduates in a short and pertinent speech.

The valedictory address was delivered by Dr. D. Meredith Reese. The speaker kept the closest attention of the audience throughout, and was warmly cheered at the close. We shall hope to be able to give at least an abstract of it next month.

The following is the list of graduates :—

James P. Cooper, Alabama.	William S. Howell, New York.
Levi Warner, New York.	A. B. Foster, Maine.
F. C. Olavarieta, Cuba.	James W. Greene, M.D., Virginia.
Augustin Orihuela, Cuba.	Geo. H. Perry, Rhode Island.
T. B. De Castro, Cuba.	Chas. J. O'Hagan, North Carolina.
Gerard Van Arcken, Central America.	J. Henry Johnson, Rhode Island.
William N. Hardin, M.D., Virginia.	E. H. Harris, Iowa.
Edward M. Deey, New York.	J. C. Kenny, New York.
George T. Dougherty, Mississippi.	Samuel R. Elliott, New York.
H. Gilbert Leigh, Virginia.	Adam Rossman, New York.
John Grammer, Jr., Virginia.	Benj. Lee, Delaware.
John J. Linson, New York.	C. K. S. Millard, M.D., Kentucky.
Warburton Hill, North Carolina.	B. L. Budd, New York.
John Carey Selden, Virginia.	Wm. E. Casseday, M.D., Kentucky.
Manuel Romagosa, Cuba.	Geo. B. Bouton, M.D., Connecticut.
Ralph W. Cummings, Maine.	Wm. C. Williams, M.D. Missouri.

HONORARY DEGREES.

Abraham Robertson, M.D., New Hampshire.	Daniel Tilden, M.D., Ohio.
	Arthur Du Berceau, New York.

Death from Fright. A singular case, in which a youth named Harrison died from the effects of fright, has just been brought under the notice of the profession at York. The hapless deceased had slightly scratched himself with a knife, and he became so alarmed at the appearance of the few drops of blood which oozed from the nearly imperceptible wound, that his nervous system received a fearful shock, from which it never recovered, and he gradually sunk. It seems that a short time previously the deceased's brother died from the effects of excessive hæmorrhage, and this no doubt acted most violently on the nervous system, and led to the fatal result.—*Dublin Press.*

THE AMERICAN MEDICAL MONTHLY.

APRIL, 1856.

ESSAYS, MONOGRAPHS, AND CASES.

*The Late Dr. Charles Caldwell.**

Instead of a formal review of Dr. Caldwell's autobiography, we propose to give, chiefly from the materials furnished by it, a succinct sketch of his life from its opening to its close. We do not know in what other way we can so well do justice to our readers, all of whom are familiar with Dr. Caldwell's name, but all of whom are not familiar with the fact, that he was a man famous in two hemispheres before they were born, and, as it respects some of them, before their parents were born. We do not know in what other way we can do anything like justice to the life of one so eminent, so long distinguished—in the two fields of thought and action the foremost man, as we think, that the profession in this country has yet produced—a life so prolonged, connecting the present with the past two generations, and so full of diversified labor, whose purpose, if not always wise, was ever thoughtful and earnest, and never ignoble or mean.

* Autobiography of Charles Caldwell, M.D. With Preface, Notes, and Appendix. By Harriot W. Warner. Philadelphia: Lippincott, Grambo & Co. 1855. pp. 454. 8vo.

In pursuing this course, it may be that we shall also do something towards another object. It has long seemed to us that the medical profession, as a body, treats its own history and that of its distinguished members with too little regard—with a neglect, indeed, that is positively criminal. That profession includes within itself, and has included at all periods of its existence, much of the best intellect and best culture of its day. If we look around us at this moment, we shall find in its ranks those who are most eminent among the wise, the virtuous, the good; if we look backwards, we can trace it as far as human records go, and even beyond these, by a long line of illustrious men who are the highest types and exemplars of our common humanity. Yet, how little do we know of these, or any of these!

The pages of this journal bear witness that, heretofore, it at least has endeavored to avoid this reproach, and to stimulate even while it gratified such curiosity as existed. We trust that it will continue to do this. We hope that, as time and the occasion serve, it will summon from their thrones in the past others of these grand old men—the sovereigns who ruled, if not with kingly hand, yet with far more than kingly power, the intellect and opinions of their time—

The dead, but sceptred sovereigns, who still rule
Our spirits from their urns.

Dr. Caldwell was of pure Hibernian descent, both of his parents having been natives of Tyrone county, in the province of Ulster, Ireland. His father belonged to a family which had been domiciled for many generations in England and the North of Ireland, but which was traceable under the name of *Colville* to Normandy in France; his mother was descended from Col. Murray, famous for his martial exploits during the memorable siege of Londonderry.

Of his remote ancestors we have few details; they seem, however, to have been conspicuous, on the paternal side, for great mental and bodily vigor retained to a ripe old age, and on both the paternal and maternal side, for incorruptible integrity, for loyalty to church and country, for skill in the use of arms, and for high and gallant bearing. In most of these

respects, Dr. Caldwell gave the most undoubted evidences of his descent.

His father in early life was a lieutenant in the British service, and on one or two occasions distinguished himself; finding, after his marriage, that the pay was insufficient to support his family, he sold out his commission, and, declining all offers of assistance from his elder brother, emigrated to America about the year 1752. He settled first in Delaware, where he engaged in mercantile pursuits, with such success as to be enabled in a few years to purchase a valuable body of land in Orange, now Caswell county, in the State, or as it was then called, the province of North Carolina. To these lands he subsequently removed, and here his youngest child, Dr. Charles Caldwell, was born, on the 14th of May, 1772.

The parents of Dr. Caldwell destined him for the ministry of the Presbyterian church, of which they both were members, the father being a ruling elder; and to this end they purposed to give him a liberal education. In effecting this there was the usual difficulty incident to new and sparse settlements—a scarcity of teachers of any sort, and a total absence of competent ones. Despite all the exertions his father could make, no school could be procured for him until he was far advanced in his ninth year. At this period his sole attainment was a knowledge of the alphabet; but he proved to be an apt and ardent student, and pushed forward so rapidly, that by the close of his fourteenth year he had mastered all the scholastic and academical learning which the best institutions of his native State then afforded. The only obstacles that he met with were in his teachers, all of whom, with a single exception, proved either ignorant, or destitute alike of skill and faithfulness in the discharge of their duties. This, which might have proved ruinous to a youth less spirited and ambitious, served only to stimulate him to redoubled effort. It was, perhaps, on the whole, of essential service to him; for, being thus thrown upon himself, he came much sooner to know the extent of his own powers and resources, and to acquire that self-confidence and self-reliance which aided and sustained him throughout his long and brilliant career.

A single incident will disclose the spirit in which he began

and continued his education. To avoid interruption from the domestic avocations of the family, he assisted during one of the earliest school vacations in erecting a little cabin for himself, adjacent to the paternal one. This was his study and lodging-room, and here he bent himself to his books often from dark till near daylight. The recluse habits thus early entered upon clung to him through life, he having never been able, he tells us, to employ his mind with satisfaction "except in silence at least, if not also in solitude."

A strong incentive to exertion was the presence, among his school-fellows, of several European youths, who were disposed to look down upon him and other natives of the soil as altogether inferior. Hence arose contests in all forms of action, corporeal and intellectual, carried on with great zeal but with the utmost friendliness, and continued until the repeated triumphs of the American youths rendered their superiority no longer a matter of doubt. This was, we suppose, the inception of a favorite opinion, one which he strenuously advocated on all suitable occasions, to wit, that the Caucasian natives of this country are superior, both in mental and physical qualities, to any other people on the face of the earth.

Among all his teachers, the only one that afforded him any considerable aid was a gentleman named Harris, under whom he began the study of the classics early in his twelfth year. To him he was indebted not only for much sound and able instruction, but also, he adds, for "whole tomes of excellent advice, which was highly serviceable to me in after years, and which even now, in the winter of my life, I remember with a flush of gratitude and pleasure." Harris subsequently repaired to the college at Princeton, in New Jersey, where his abilities were soon recognized, and where, unfortunately, he died just as a career was opened to him. Many years afterwards Dr. Caldwell hunted out his neglected grave, replaced the weeds that covered it by some flower-bearing plants, and erected over it a neat marble tablet.

At the beginning of his fifteenth year, Caldwell, by the recent loss of both parents, found himself virtually alone in the world, at least thenceforward subject to no control save that of his own judgment. It was his desire to enter one of

the distinguished Northern colleges, in order to complete his elementary education, but he was unable to command the necessary funds. Meantime his career of high-wrought exertion at school had attracted notice, and his reputation for steadiness and sobriety, and for attainments, insignificant as he felt the latter to be, had extended far beyond the neighborhood where he dwelt. Hence, it was not long before an offer reached him from a remote and wealthy settlement, to take charge of a flourishing grammar-school, called Snow Creek Seminary, the principal of which was about to leave. The prospect of a liberal income induced him to accept the offer at once, although there were two circumstances which, in his own view, as well as that of others, rendered the undertaking extremely hazardous. One was, that the institution had previously been governed by men of mature age; the other, that it contained several pupils from five to ten years older than himself. Yet his success was immediate and decided. From the beginning he had the respect, and he soon gained the confidence and friendship of his pupils. At the head of this school he continued about two years, when he was desired to undertake the establishment of a similar one in an opulent Presbyterian settlement, distant about fifty miles, in Iredell county. The terms were not only exceedingly liberal, but in the highest degree flattering to one who had not yet reached his eighteenth year. The parties interested committed to him the entire organization and direction of the institution, and the result justified their generous confidence. His success was as marked in this as in the former instance, and in both was fit augury of that which in after life attended his efforts in founding schools of medicine. Pupils flocked to the *Centre Institute* from every quarter; even those of the Snow Creek Seminary soon followed their late teacher, so that the latter establishment rapidly declined, and in a few months was discontinued.

In each of these establishments the smallest part of his labor was that performed in the school-room. He was himself a closer student than any of his pupils. In order to perform his functions with the utmost completeness and efficiency, it was his custom to prepare every evening for the recitations of the succeeding day, especially those of the higher classes, as care-

fully as the classes themselves. If he had evening engagements of any duration in advance, recitations for a corresponding number of days were prepared at a single sitting. His reading, moreover, beyond the curriculum of school studies, was extensive and thorough. It included history, biography, travels, poetry—especially dramatic and epic, orations, sermons of distinguished divines, natural and revealed religion, and anthropology. To the latter subject he was drawn more immediately by the perusal of an *Essay on the Causes of the Variety of Complexion and Figure of the Human Species*, published, in 1787, by Dr. S. S. Smith, of Princeton. The facts and reasonings of this essay seemed to him then inconclusive, and his subsequent studies did not render them less so. When, some years later, a second and enlarged edition of it appeared, he reviewed it at some length, and with such force as materially to damage it as a work of authority. During this period he was also a frequent contributor to the public press, his object being twofold, to acquire facility and correctness in the expression of his thoughts, and to awaken such an interest in science and literature as would promote the welfare of his school. He even courted the muses a little, but of these efforts he remembered nothing save the fact. Meanwhile, he did not neglect any social duties which his position demanded of him, nor forego anything afforded by the intelligent society around him; on the contrary, being ambitious to excel as a conversationist, he rather sought society as a field both for study and practice. Hence the time devoted to reading and other forms of mental labor was deducted mainly from his hours of rest.

Having conducted the affairs of the Centre Institute for the space of two years, with the most gratifying success, he retired from it. It ranked then, and for many years afterwards, among the first educational institutions in the State, if, indeed, it was not the very first.

The time had now arrived for him to choose a profession. We have already stated, that from infancy he was destined for the ministry of the Presbyterian church, of which his family, through many generations, had been strict adherents. His education had been shaped, and much of his reading directed to, this particular end. In knowledge of the Sacred Scrip-

tures, especially, his proficiency was such, even in his twelfth year, as to excite admiration among those very competent to judge. Early in his studies, however, as we learn from one of his essays,* "he had conceived a few opinions in religion, deemed uncanonical, under the influence of which he could not, consistently with his sentiments of truth and honor, select and pursue the clerical profession." At the same time, he indicated a preference for that of law, but the strongly expressed opposition of his father induced him then to forego this, and now respect for his parents' memory proved a restraint equally powerful. The military spirit which he inherited, and which, no doubt, had been fostered and nourished by the warlike movements of the stormy times of his youth, led him next towards the army; but, partly by argument and partly by appeals to his feelings, he was persuaded likewise to abandon this design, and, finally, to devote himself to medicine. In order to enjoy all possible advantages for acquiring a knowledge of his selected vocation, he repaired at once to Salisbury, and placed himself under the tuition of Dr. Harris, an eminent practitioner resident there, and a brother of his former and only favorite teacher. Dr. Harris was not deficient either in talents or professional skill, but was sadly so in the means for imparting instruction. Caldwell soon became aware of this; nevertheless, the fear of wounding his preceptor's feelings restrained him from immediately going elsewhere, and indeed led him to remain in Salisbury about a year and a half. This he speaks of "as the most indefensible waste of time" ever committed by him. However that may be, he certainly was not idle; for, in addition to some knowledge of medicine, he gained not a little in other departments of science and literature. His companion in the latter studies was a gentleman several years his senior, named Henderson, an accomplished scholar, and one of the most eminent lawyers and brilliant orators in the commonwealth. It was the custom of the two to meet once a week, or oftener, for the critical perusal of some favorite author, the reading of an original paper, or the

* Thoughts on the Original Unity of the Human Race. Second edition. Preface. p. viii.

discussion of some question in science, in morals, or in metaphysics. Nor was the newspaper neglected by Caldwell. He seems indeed to have been early impressed with the importance of attaining facility in that department of writing, as though he had some prescience of the vast influence to be exerted by the press, either as an organ or as a director of public opinion—an influence which even now is paramount to any other, and perhaps to all others.

During his sojourn at Salisbury, he first saw General Washington, and was for several days a good deal about his person. This formed one of his most cherished recollections of the place. The impression made upon him by that great man, so far from being diminished, seemed to grow stronger and more vivid, with the lapse of years. Washington's character, endowments, and services, were subjects that he never tired of contemplating, and constitute the theme of some of his earliest and his latest public efforts. The President was then making the tour of the southern portion of the Union, and Caldwell, being an officer in a volunteer cavalry corps, was selected to command the escort which received him on the borders of the State, and accompanied him during most of his journey through it. The intimate knowledge, geographical and historical, which he possessed of the country, enabled him to acquit himself of his duties intelligently and handsomely, and Washington publicly thanked him therefor.

Having remained with Dr. Harris about eighteen months, Caldwell felt that duty to himself did not admit of any further sacrifice, on the score of delicacy towards that gentleman, and he determined, therefore, to prosecute his future studies under the auspices of the Medical Department of the Pennsylvania University. For this purpose, he reached Philadelphia a few days before the beginning of the session of 1792-3.

He was now in his twenty-first year, but with a maturity of mind and body very rare in one so youthful. His scholarship, technically so called, was thorough and accurate; he had an extensive acquaintance with general literature and science; he conversed well, and displayed no mean powers as an orator; his tastes were formed on the best models; while all his faculties were admirably disciplined, and completely under the com-

mand of a severe and imperious will. To all this was joined a body cast in the largest mould, and thoroughly developed, and trained from youth up by all manly and athletic exercises. In running, leaping, and wrestling, he had few equals ; he excelled in the dance ; he was a splendid horseman. We may add that he was a perfect master of fence, and an unerring shot, both with rifle and pistol—no mean accomplishments in those days, when gentlemen settled their differences at the sword's point or the pistol's mouth ; and Caldwell had already shown, on more than one occasion, that he had neither the temper nor the disposition to decline such mode of settlement.

The Philadelphia medical school, after a separate existence of many years, had recently become a department of the University, and was just at the dawn of that splendid reputation, which it holds undiminished after the lapse of half a century. Its Faculty was composed of five members, who were distributed thus : Dr. Shippen, in the chair of Anatomy. Surgery, and Midwifery, with Dr. Wistar as adjunct ; Dr. Kuhn, in that of the Theory and Practice of Medicine ; Dr. Rush, in that of the Institutes of Medicine and Clinical Practice ; Dr. Hutchinson, in that of Chemistry ; and Dr. Griffiths in that of *Materia Medica*. With one or two exceptions these were all men of excellent culture, with mind and manners polished by prolonged residence in British and European capitals, and by European travel. Of them all, however, Rush seems to have been much the most active and diligent, as well as by far the most brilliant, showy, and attractive. Caldwell, therefore, soon singled him out as the one most likely to prove serviceable to him in the future, as well as the present.

During the whole period of his pupilage in the University, Caldwell was a very model of industry and assiduity. In order to have entire command of his time, he would admit no fellow-lodger, paying a small premium for the privilege of being alone. He was studiously polite and courteous to his fellow pupils on the street, in the lecture-room, and at the hospital, but intimate with none of them. Except on business he did not visit them, or receive visits from them. For the first three years of his residence in Philadelphia, he declined all solicitations to parties of mere social enjoyment, and never spent an

hour from his study, save to attend literary, scientific, or medical societies, or to mingle with individuals from whose converse he expected to derive knowledge. During the sessions of the medical school, he never missed a lecture, except from sickness, was always present at the beginning of the lecture, occupied as far as practicable the same seat, and every day conducted a rigid self-examination, to see what addition had been made to his stock of knowledge. He found leisure, besides, to read, at stated hours, some of his favorite authors, and to compose, once or twice a week, analytical and critical articles for the press. These began with Rush's introductory address, which was adroitly framed to show that the native of America is equal, and perhaps superior, to the native of Europe. It was in fact a native American address, such as we have at the present day, with the difference that then a belief was entertained by many distinguished men, at home as well as abroad, that the American descendants of Europeans are degenerate both in body and mind; whereas, now-a-days, the notion is wide spread, or is widely spreading, that the native of America is a great deal superior, mentally and physically, and by all means politically, to his European ancestors, or even his foreign fellow-citizens. To Caldwell it was particularly gratifying to find so distinguished a man espousing doctrines which, during his own boyhood and youth, had been the occasion of many of his contests and triumphs, both physical and intellectual. No sooner, therefore, had he returned to his room than he penned a laudatory critique, adding some arguments of his own to those of the lecture, and this he sent to the *Aurora* newspaper, in which it appeared next morning, under the signature of "A Medical Student."

The practice thus begun, was continued once or twice a-week, as we have just stated, and confined almost exclusively to the lectures of Dr. Rush. The publications excited, from time to time, a good deal of attention in the class, and although their authorship was studiously concealed, it came at length to be generally attributed to Caldwell. Rush himself occasionally noticed the more elaborate ones, but of course without reference to the supposed source. At first they were mainly in approval, but Caldwell soon found himself compelled to dissent from some of his preceptor's peculiar notions, and this, he saw, was not acceptable

to the latter. On one occasion, after the appearance of a carefully written article, controverting some doctrines contained in the lecture of the day previous, Rush informed the students somewhat curtly that their business there was to learn, not to teach. After this, when the writer could not praise, he said nothing.

At the close of the Session, having determined to remain in Philadelphia until he attained the doctorate, Caldwell formed a scheme of study to be pursued until the beginning of the next course of lectures. This scheme, which included regular visits to the hospital and a course of lectures on Botany and Natural History, by Dr. Benjamin S. Barton, having been submitted to Rush, with whom he had by this time established some intimacy, and been approved of by him, (save that he thought it too severe.) was adhered to with unswerving fidelity for several months, or until the beginning of the memorable epidemic of yellow fever, in August, 1793.

The scenes that ensued on the outbreak of that pestilence—the distress, the suffering, the terror, the dismay—have had no parallel on this continent. The appalling circumstances which marked the terrible epidemic in 1853, in New Orleans, or that not less terrible one of the past year, in Norfolk and Portsmouth, are as nothing in comparison. *Then*, in Philadelphia, the belief in the contagiousness of yellow fever was firmly entertained by all classes, professional as well as non-professional. Hence, the inhabitants, including many physicians, fled as precipitately as though their homes were to be sacked and pillaged by a barbarous and savage foe, or as though the city, like those in the plain of Shinar, was doomed to instant destruction from the vengeance and wrath of an insulted God. The roads leading into the country were filled by the flying families, and the wayside strewn with their household goods. By sea and land the city was avoided; commerce sought other ports, travel other resting-places; her ships swung idly in her idle waters, her busiest mart was a desert. Trades, arts, handicraft, science, literature, all stood still; all business, of whatsoever sort, public and private, was suspended. Nothing was to be heard in the streets save sounds of woe, mingled with the rattle of the constant hearse; nothing to be seen save

a few citizens, pale with fear, the dead hurried forth to burial, and here and there a solitary physician, hastening from house to house, on his errand of mercy—an errand too often fruitless.*

The family in which Caldwell resided, being near to the infected district, and partaking largely of the general dread, was among the first to leave the city. Determined himself not to retreat, but to continue his studies if practicable, and also to learn as much as possible of the epidemic, he sought a home in another, and soon found himself again alone from a similar cause. He sought another and another, with like result; and perceiving that the families which decided to remain were indisposed to admit inmates, through fear of contagion, his perplexity became extreme. In this state of things, meeting with Rush, he learned that a hospital for yellow fever patients had just been established at Bush Hill, about one mile from the city, and that it was greatly in need of young men qualified to act as resident pupils and aids. Expressing not only his perfect readiness, but his strong desire, to engage in the service, he received from Rush a note of introduction, with which he set out on the instant, and within an hour's time was busy among the sick, the dying, and the dead.

At first he was alone, but other young men, encouraged by his example, and losing their dread of contagion, at length volunteered their services. So rapid was the influx of patients, and so restricted for a time the amount of accommodation, that the aids, attendants, and nurses, were compelled to eat and to sleep in the very chambers of the sick. It was not uncommon for Caldwell, worn out with his labors and vigils, to cast himself at the feet, or by the side, of a patient, for a little sleep, and, on waking, to find the patient a corpse, or himself deluged with the matter of "black vomit."

In such arduous duties, and in an atmosphere charged with exhalations from the sick, he continued until the epidemic subsided, his health remaining unaffected during the whole period.

* Rush says: "At one time there were but three physicians who were able to do business out of their houses, and at this time there were, probably, not less than 6000 persons ill with the fever!"

Like his preceptors, he was in the beginning a believer in the contagiousness of yellow fever, and so far as he knew, was devoting himself to certain death by his entrance into the hospital. His observations while there, and in successive epidemics that desolated Philadelphia, led him in a few years to renounce this belief and warmly to advocate the opposite one. He was, indeed, among the first to declare for the non-contagiousness of the disease, in opposition to Rush and the followers of the latter, with whom he carried on a long controversy on this subject.

Soon after resuming attendance on the lectures, he prepared a paper for the Philadelphia Medical Society, on the subject of Yellow Fever, in fulfilment of a promise made to Rush. The latter, as the first advocate of its domestic origin, was anxious to establish that doctrine in the public mind, and also to support, by the experience of the hospital, the mode of treatment which he instituted, and on account of which he had been very soundly abused. In the discussions that ensued on the reading of the paper, Caldwell, then only twenty-two years of age, took a very active and distinguished part. In point of fact he was well nigh alone in its support, since neither Rush nor Physick, the only members who sympathized with him, had any aptitude for extempore speech or ever attempted it, the former at least rarely, the latter never. The admiration excited by his paper, and by his readiness, tact, and resources in debate, gratified him exceedingly, and did not fail to minister to the ambition which even now lurked, as it were, in the recesses of his spirit.

The events of this evening did indeed affect his fortunes a full quarter of a century afterwards, in a form and to a degree of which he had not at the time the remotest conception. A young man, not bred to the profession, who was present, by invitation, at the reading of the paper, and the debate which followed, afterwards removed to Lexington, in Kentucky, and became a member of the Board of Trustees of Transylvania University. When the trustees were engaged in an earnest effort to put the Medical Department into efficient operation, this gentleman strongly urged his colleagues to invite Dr. Caldwell to aid in organizing and administering it. He repre-

sented to them what he had heard and seen in Philadelphia twenty-five years before, and declared that from that moment he had never abandoned the conviction that Caldwell was destined to become, at some time and place, "the founder and leader of a great school of medicine." The advice was taken, as we shall see hereafter, and the fame of the school that grew up under Caldwell's fostering hand has become historical.

During the remainder of the session he mingled largely in the exercises of the medical society, partly to cultivate and discipline his powers as a disputant, and partly to extend his growing reputation among the members. To enhance still further the idea of his readiness and efficiency, he made it a rule to leave the society immediately on the close of a debate, and before the annunciation of the subject of the next evening's discussion—that annunciation being the last business of the meeting. As he had little or no intercourse with any of the students, he thus kept himself ignorant of the subject to be discussed until the moment of his arrival; and that this was the case, his character for candor and truthfulness permitted no one to doubt. Meantime he continued his communication with the public through the press, mainly now on the causes and prevention of yellow fever. In some of these articles will be found, it is thought, the first public recommendation of the introduction of the Schuylkill water into Philadelphia. To Rush, Physick, and Caldwell, is that city largely indebted for the consummation of this measure. They urged it forwards for years, against the most violent opposition—an opposition proceeding mainly from wealthy proprietors. These saw that the introduction of water was constantly associated with the idea of the local origin of the late epidemic, and they firmly believed that by the establishment of this idea in the public mind, the commercial and all other interests of the city would be irretrievably injured. At length better views prevailed, and a plan of water-works, adopted in 1797, was executed in 1801; but proving inefficient, or too expensive, it was changed, in 1819, for the present simple, admirable, and efficient system.

At the end of this session, Caldwell passed an examination in every way creditable and honorable, but being dissatisfied with it himself, he declined applying for a degree, and resumed

the scheme of study which he had pursued the previous year—with one important addition. At the desire of Rush, he undertook a translation of Blumenbach's *Physiology*, from the original Latin. In this and other mental labors he was occupied between nineteen and twenty hours a-day; he slept but three, or three and a half hours; and for exercise, in addition to his walks to and from the lectures he attended, he resorted to daily practice with the small sword. At the end of six months the translation was finished, and he found himself considerably enfeebled, from such intense application.

Just at this time the troubles in Western Pennsylvania, known as the "Western Insurrection," or "Whisky Rebellion," reached that point where it was thought necessary for the national authorities to interfere; and to this end the President called out about fifteen thousand troops from Virginia, Pennsylvania, and New Jersey. As it was the first thing which had yet occurred to test the strength and power of the federal government, the patriotic feelings of all classes were highly aroused, and the call to arms was answered with alacrity. In no one did those feelings burn stronger than in Caldwell, and, joined to his martial blood, they urged him irresistibly towards the army. What he coveted, was a post in the line; but he was unacquainted with any one of sufficient influence to obtain that, save Washington, and to him, learning how he was besieged with applicants, many of whom had served under his eye in the Revolution, motives of delicacy forbid him to apply. That which his ingenuity was likely to fail in, chance finally accomplished, though in a form somewhat different from his first wishes. He was fortunate enough, at this juncture, to save from injury and possible death, the wife and daughter of Gen. Gurney, who was to command the Philadelphia city and county volunteers, in the expedition to the West. Through the General's influence, Caldwell, in a few days, received the appointment of regimental surgeon, and in that capacity was attached to the troops just named.

The military campaign which followed, though brief, was full of incidents, and not without influence on his present and subsequent fortunes. His mental and personal accomplishments soon rendered him conspicuous; he formed the acquaintance of

some of the ablest and most distinguished men in the country, whose friendship he retained ever after ; and when he returned to Philadelphia,—where a few weeks before, after a residence of two years, he was scarcely known beyond certain medical circles,—he found his name familiar to hundreds, if not thousands, through the letters which officers and privates of the Philadelphia troops had written to their friends and to the public papers. Some of his own letters had found their way to the public, and heightened not a little his growing reputation as a writer.

The interest that he had thus awakened, it was in his power to make profitable. Gen. Hamilton gave him his choice between a commission in the army, and a secretaryship of legation, insisting, as he had once before, that Caldwell was out of place in the medical profession ; the French Minister offered him a commission in the military service of France ; while another party strongly urged him to make a voyage to Canton, in a merchant vessel, as supercargo and surgeon—a post highly respectable, and, at that time, very lucrative. The latter offer, notwithstanding his patrimony was now sadly diminished, he declined at once, but secured it for a young medical friend, who realized a very considerable sum from it. In regard to the two former, he wavered for a moment, and probably but for the influence of an accomplished female friend, he would have been heard of in the history of diplomacy, or of war, rather than in that of medicine.

These events were also not without their sinister influences. His associations in the Western campaign, the friendships that he formed, and the notice which he attracted, had the effect to spoil him somewhat, and to lead him into a tone of manner towards those he did not desire as acquaintances, whom he thought meddlesome, or whom he regarded as inferior to himself in mind and attainments, altogether unwarrantable, and certainly very *regrettable* as respected his own interests. He thus laid the foundation of enmities which years afterwards came in between him and some of his most cherished ambitions. All this was plain to him later in life, and he does not fail to caution young men constituted like himself and placed in similar circumstances :—“ If they cannot extinguish their feelings of con-

tempt, let them at least so control them as not to reveal them by actions or words. Of these tasks, though the former may not be practicable to them, the latter is. Every man when in health may, if he please, bridle his tongue, and restrain from action all his other voluntary muscles. And that is all the present case requires of him."

Having declined all the tempting offers made to him, Caldwell resumed his attendance on the lectures, which were now in progress, and mingled as usual in the exercises of the Medical Society. In the Spring (1795), his translation of Blumenbach left the press. He added to the original a few notes and an appendix, which contain, we believe, the germs of doctrines that he was found advocating fifty years later.

At the end of the next Session (1796), he requested another examination, preparatory to his applying for the doctorate, and desired that it might be a searching one. In this respect he was gratified. The examination, conducted, as was then the custom, in presence of the entire Faculty, by each member of it in turn, covered a wide field of knowledge, and consumed about half a day. It was brought to a conclusion by Dr. Shippen's handing him over to "Brother Wistar," as he termed that gentleman, whose turn came last, with the request that they should use the Latin language, and so "talk to each other like the elder and younger Pliny." Though Dr. Wistar was as much surprised at this as Caldwell, the request was complied with, and both acquitted themselves handsomely.

It was the rule at that day (and it is to be regretted that it is not now) for the candidate to print his thesis and furnish a copy to each member of the Faculty and of the Board of Trustees, in whose presence, moreover, it had to be publicly defended. The thesis composed by Caldwell for the occasion embraced the subjects of *Hydrocephalus Internus*, *Cynanche Trachealis*, and *Cholera Infantum*, three affections concerning which not much had then been written. In the discussion of these subjects, Caldwell controverted some of the teachings and doctrines both of Wistar and Rush. For example: The former, to prove the communication existing between the cells of the areolar or cellular tissue of all parts of the body, was accustomed to adduce the fact that, in certain cases of dropsy, the

swelling of the feet observed in the evening disappears during the night, and is replaced by that of the face in the morning, and this, in its turn, by that of the feet in the evening. This he explained as a direct transfer of serous fluid from one part to another, through the agency of the cellular tissue; in other words, that the fluid which distends the face in the morning, gravitates during the day, through this tissue, to the feet, and thence returns, in the same way, during the recumbency of the body at night, to the head. The veriest tyro in medicine would smile now at this, yet had it been gravely inculcated for years by the teacher of anatomy in the oldest school in the country. Wistar perceived at once and acknowledged the correctness of the explanation offered by Caldwell, paid him a handsome compliment for the ingenuity displayed, and never afterwards repeated the error in his lectures.

Rush's conduct was very different. There were several matters in the thesis offensive to him, and he indulged in a most intemperate and violent attack, so violent, indeed, as to draw from the provost, Dr. Ewing, something of a rebuke. Caldwell, in reply, though powerfully excited, retained his self-control, and was haughty, unyielding, and defiant. Rush finally became so exasperated, that he refused to attach his signature to the diploma which the Trustees, by an unanimous vote, had decreed to the candidate, unless the latter would retract some things which he had said, and apologize for them. Caldwell declined doing either, at the same time assuring the irate professor that he would soon convince him that he could do without his name.

Some months after this, Rush expressed, through Dr. Rittenhouse, who was present at the graduating scene, a wish to sign the parchment, and did so; but beyond a formal and silent bow when they met in their daily walks, no intercourse took place between him and Caldwell until the year 1797, and even then the rupture was only partially repaired.

After graduating, Dr. Caldwell decided to remain in Philadelphia,—a professorship in the Medical School having now become the fixed purpose of his ambition. His success as a practitioner was altogether flattering. The expenses of his education had exhausted all of his means, and left him several

hundred dollars in debt ; but the proceeds of his business enabled him, in a short time, to discharge this, without inconvenience to his creditors or to himself. In the meanwhile he relaxed nothing of his application to study. Even his amusements were made subservient to his improvement in knowledge. He visited the two houses of Congress when in session, but only to study oratory ; he frequented the theatre, but only to catch the actor's art, and to qualify himself more thoroughly as a public reader, and as a dramatic and theatrical critic ; he mingled much in society, where his advantages of person and manner, and his fine colloquial powers, always made him welcome ; but the time thus spent, was carefully noted, and deducted from the hours for sleep, to be devoted to his books, or to writing. It was not infrequent for him, at this period, and long after, to make his appearance at two or three assemblies the same evening, spending a few minutes only at each ; and he thus earned the reputation of being one of the most idle and dissipated men of the city, when in truth he was one of the most laborious.

In 1797, yellow fever, which had existed sporadically for some weeks, again assumed the epidemic form, producing only less consternation than it did in 1793. At the same time there began a series of assaults upon Rush, with the design apparently to crush him. The papers teemed with the most violent, abusive, and even slanderous articles. On account of the particular treatment pursued and recommended by him, as well as his belief in the domestic origin of the epidemic, he was represented as a public enemy ; and every death that occurred, no matter what the remedies employed, was laid to his charge. To Caldwell this state of things soon became intolerable. Rush, it is true, was not his friend, but he was one opposed by many, and was suffering something like martyrdom in the cause of truth—a truth that Caldwell himself had labored to establish. His resolves, therefore, were soon taken, and having arranged with one of the city papers for the requisite space, he published anonymously two articles a-week in reply, dealing his blows so vigorously and effectively as very soon to afford material relief to Rush. In the very height of this warfare, he was himself stricken down with the prevailing fever, and instead of his regular communication, there appeared a brief notice postponing it

indefinitely. Rush, who had several times endeavored to penetrate his disguise, now sought the publisher again, with the same purpose. The latter was inexorable, stating that he had solemnly promised to conceal the author from every one, and especially from Dr. Rush. That was sufficient, as Rush knew it could be but one man. Without delay, therefore, he repaired, in company with Dr. Physick, to Caldwell's residence, and continued to visit him regularly until his convalescence was established. This incident led to a renewal of intercourse between them, which was not finally interrupted for several years.

After the disappearance of this epidemic, Physick, Caldwell, and a few others who held similar opinions, formed an association called the "Academy of Medicine," for the purpose of correcting public sentiment in regard to Yellow Fever, and of placing, by a combined effort, the doctrine of its domestic origin on a more solid basis. From some cause the association was shortlived; it published, however, one or two volumes of Transactions, to which Caldwell contributed liberally. He also delivered, by appointment, the semi-annual address required by the rules of the Academy, taking as a theme the laws of epidemic diseases. A copy of this was transmitted, through Dr. Lettsom, of London, one of his correspondents, to Dr. Haygarth, of Bath, who made it the subject of a sharp review in a published letter to Dr. Percival. Caldwell, thinking his reviewer evinced "neither delicacy, decency, nor truth," replied to him with such severity as to send him complaining through every coterie in Bath to the last hour of his life.

With his establishment in professional business, he engaged in that of private instruction, and in this also he was very successful. Among his pupils, from year to year, were a large number from the West and South, many of whom rose afterwards to great eminence—some as his colleagues in western schools, others in separate institutions, or as private practitioners. It is worthy of remark that he outlived nearly all of them. In 1803 he instituted the first clinical lectures in the Philadelphia Alms-house (long since demolished, and its inmates removed to the present Blockley Hospital), and continued them annually for several years, or until his removal, on political grounds, from the Faculty of the establishment. About the

same time he began the preparation of a series of lectures on certain select subjects, but not till 1810 did he venture formally to assemble a class to listen to him. So high was his own standard of excellence, that, even then, his performance seemed to him but to minister to the support of Gregory's declaration, that "on no leading branch of medicine can any man prepare a course of lectures, worthy of the subject, in less than twenty years." In 1816 he was appointed to the professorship of Geology and Natural History in the "Faculty of Physical Science," created in the University, and delivered four annual courses of lectures, to audiences embracing the most intelligent persons of the city. Besides these employments, his reputation as a public speaker led to frequent calls on him for addresses of a scientific or literary character, or for orations commemorative of some public event or some distinguished personage. Perhaps no one, during his residence in Philadelphia (extending to more than twenty-five years), appeared so often before the public, and certainly no one was more uniformly attractive and successful.

Nor is this all. His authorship, dating from the translation of Blumenbach's Physiology, in 1795, was continued almost without intermission. In 1801 appeared an address, delivered before the Philadelphia Medical Society, on *The Analogies between Yellow Fever and True Plague*. The views broached were so novel, and deemed so heterodox, that Rush predicted they would ruin the orator's reputation. They were original with Caldwell, who believed also that he was the first to proclaim them; but he afterwards discovered that he had been anticipated by a French physician, who wrote in 1720. In this year (1801) he published a volume entitled, *Medical and Physical Memoirs*, the chief portion of which consists of a "Physical Sketch of Philadelphia," and "Facts and Observations relative to the Origin and Nature of Yellow Fever." The latter, which first appeared serially in one of the city newspapers, discusses at some length the noncontagiousness of yellow fever. The remainder of the volume embraces an article on the "Winter Retreat of Swallows," and one on "Goitre," both of which were written in answer to some papers by Dr. Barton. In 1802 appeared his reply to Dr. Haygarth. In 1805 he circ-

lated a pamphlet entitled "Thoughts on a Health Establishment in the City of Philadelphia"; and translated Senac's *Treatise on Fevers*, from the Latin. In 1805-6 he edited two volumes of *Select Medical Theses*. An appendix to the first of these, contains, in the form of lectures, the results of some experiments on the vitality of the blood. These experiments were in continuation, or in complement of Hunter's, which Caldwell repeated preparatory to undertaking his own. The lectures added much to his reputation, both at home and abroad. Darwin, Currie, and Beddoes, of Great Britain, by their own desire, became his correspondents. The latter wrote to him: "The vitality of the blood can be no longer, even plausibly, denied or doubted. Your papers have conclusively established the doctrine." Even Rush, hitherto opposed to the doctrine, now adopted and taught it, referring for proof to Caldwell's papers, until the final rupture between them. In 1807 he made a translation of *Alibert on Intermittents*, from the French. In this year he wrote largely in opposition to *Quarantines*, mastering the Italian language, in order to get at the sources of the best literature on the subject. We may add, in this connection, that, as a member of the Board of Health, about this period, he succeeded in effecting a modification in the rigor of the quarantine laws, much to the relief and gratification of all engaged in commerce. In 1811 he published a translation of Dessault's work on *Fractures*, not the least valuable of his additions to the medical literature of the period. In 1814 he succeeded Nicholas Biddle in the editorship of the *Portfolio*, a literary monthly, originally conducted by Joseph Dennie. Caldwell had been a frequent contributor to this journal for several years, and as manager was eminently successful. A marked feature of it, while under his control, were his biographical sketches of distinguished Americans, living and dead, military, naval, and civil. In 1815 he furnished the biographies in *Delaplaine's Repository*. In the year following, at the request of Dr. Chapman, who had succeeded Barton in the University of Pennsylvania, he prepared copious notes for an edition of Cullen's *First Lines of the Practice of Physic*, which the former used as a text-book for many years. We may state here, that he composed the outline of Chapman's first course of lectures on eruptive diseases, and

also furnished him his own manuscript lectures on general pathology. In 1819 appeared his *Life of Gen. Greene*.

Between 1800 and 1819, several changes occurred in the Faculty of the Medical School, but no offer of place was made to Caldwell, though the general voice of the profession proclaimed his preëminent fitness. Moreover, all his efforts to have the Institutes of Medicine separated from the Theory and Practice of Medicine, and erected into a distinct chair, were resisted. The absurd union of the two, under Rush, dated from the resignation of Kuhn, in 1794, and was maintained under Barton, and, for several years, under Chapman. Caldwell's avowed purpose was to be a candidate for the chair, when created, and it was well known that his pretensions would be supported by the whole community. He urged the measure for years, by private appeals, by public speech, and, in 1818, by a pamphlet addressed to the trustees and the public, but all without effect. Yet, not long after he left Philadelphia, it was accomplished, and on the very grounds set forth by him. What the precise reasons were for this studied neglect of him, it is impossible to say. There are not, it seems to us, any more curious and inscrutable things in this world than the motives that sometimes govern a faculty of medicine and its board of trustees; and, if the wise but modest Agur, who was so puzzled by "the way of an eagle in the air, the way of a serpent upon a rock," and certain other matters, were alive now, he might very well add, "the way of a medical faculty" to the number of his puzzlements. Rush's influence, during his lifetime, was against Caldwell, at least the latter so believed; and it was this conviction that led to their total estrangement, about midway the period of which we are speaking.

Looking at them from this distance, the two men do not appear to us well fitted for companionship. The necessary condition of Caldwell was absolute freedom of mind as well as body. The essential law of his intellect was independence, or self-dependence; in respect of that, he could submit to no trammels, save such as were self-imposed. On the other hand, Rush, with all his high qualities, lacked that which would have been the crowning excellence—he could not brook an equal where he wished to see a subordinate, a rival where he hoped

to find a retainer. He was charged full of fanciful but painfully elaborated theories, which he termed "the new principles of medicine," and which, he was firmly convinced, were to inaugurate a new era in the science. To oppose these, was to oppose him; to assent to them, was a secure road to his favor: and the alternative of assenting, was to be silent. But Caldwell's independent judgment refused assent, and his silence was simply impossible. With him, utterance followed conviction as an absolute necessity; the profound intellectual pride which led him to think for himself, leading him also to proclaim his thoughts. Thus, there not only existed discordant elements of character, but there also was, from the very beginning, a divergence of opinion, which terminated, naturally, in non-intercourse and enmity. With this, however, Caldwell's strictures on Rush's favorite doctrines did not cease; rather, instead of being occasional, they became frequent or constant, and instead of being couched in terms of compliment and courtesy, they conveyed severe and bitter censure. He singled out, in fact, Rush's doctrine of the *unity of disease*, his hypothesis of *life*, his theory that *fever is a convulsion of the arterial system*, and various other matters, as the special objects of his criticism. In lectures to his private classes, in public lectures, in the discussions of the Medical Society, in his notes to Cullen, and wherever else he could find or make an opportunity, he assailed them with all the force, and learning, and eloquence, that he possessed; and not satisfied with simply refuting them, or beating them down by mere weight of argument, he turned their own logic against themselves, and held them up to laughter and to ridicule. This was not, to be sure, either the readiest or the speediest way of opening the doors of the Faculty; but it was, nevertheless, *his* way, and the only way that he would have employed if he had remained in Philadelphia during all his after life.

Fortunately for the interests of medicine, as well as his own interests, he did not remain. Perceiving clearly that no preferment was to be obtained without resort to a course of action inconsistent with his feeling of self-dependence and his sense of personal dignity, he turned his views seriously towards the West—steadily declining invitations from a school at Balti-

more, and one in Western New York. His private pupils from the South and West had often importuned him to cast his lot among them, and attempt the building up of a great school of medicine in the Mississippi valley. He could see the wonderful future of that region—that it would be the seat, both in wealth and numbers, of the central and controlling power of the Republic ; its great heart, indeed, whose throbbings would be felt in the remotest extremity. He was familiar with the aspects which nature presented there—with the scale of magnificence on which everything had been created ; and it was part of his creed, that the dwellers in the valley—if true to themselves—would be consonant with the nature around them. He was filled, at length, with the desire (an ambitious, but yet a noble and generous one) to mingle with that people, to aid in their development, to labor with them towards their high destiny, and at least to plant there the seeds of a truer and better medical philosophy than yet existed in America. From all these considerations, he waited only a favorable opportunity to leave Philadelphia for the West ; and this was not long in coming. In August, 1819, he received an official letter of appointment to the chair of the Institutes of Medicine, in the Medical Department of Transylvania University, in Lexington, Ky. The chair, having been created expressly for him, was at once accepted. In five weeks from this time, he had closed up (not without heavy loss) the accumulated business of twenty-seven years, and, despite the protestations, the entreaties, even the tears of friends, was on his way to his new home.

The Transylvania Medical School had existed, in name at least, for about ten years. A faculty was first installed in 1809, but no lectures were delivered. A second faculty was formed in 1815, with similar result. A third faculty was organized in 1817, and instruction was given to a class of twenty pupils. The late Dr. Drake was a member of this faculty. The fourth is the one to which Dr. Caldwell was invited, and of which it was understood that he was to have the chief control.

On reaching Lexington, he found a state of things that might well have appalled a man less fearless and hardy, less full of resources, and less strong in the consciousness of his own powers and capabilities. He found some pupils awaiting him, but

there were no suitable lecture-rooms, no library, no chemical apparatus of any value, and not the shadow of a cabinet of any description. He found a Faculty with little or no experience as teachers, and composed, in part, of none of the best material of which to make teachers. He found the citizens heavy sufferers from a recent and severe conflagration : and while some were doubtful of the success of the school, others were lukewarm towards it, and others utterly opposed to it. Happily, though, he was not of those who, having put their hands to the plough, even look back, much less turn back. Assembling such of the trustees as he could, he had the Faculty completed, he himself taking the chair of *Materia Medica*, in addition to that of the Institutes of Medicine. His colleagues were : Dr. Dudley, in Anatomy and Surgery ; Dr. Brown, in Practical Medicine ; Dr. Richardson, in Obstetrics ; and Dr. Blythe, in Chemistry. These gentlemen were all unknown : even Dudley had given, as yet, but little promise of that rare skill as a surgeon, and those admirable qualities as a teacher, which have since rendered him so famous. All of them, too, in view of former failures, were anything else than sanguine as to the result of the enterprise ; but Caldwell breathed nothing but hope and confidence, and, under his inspiring lead, they went to work ; if not, at first, with ease, at least in harmony and with determined purpose. Caldwell, avoiding or refusing all professional business, gave himself up absolutely to his duties in the school, and to the general interests of the latter. He composed and delivered the introductory address, he lectured four or five times a-week on each of the subjects committed to him ; as Dean he transacted all the business of the Faculty, he maintained a heavy correspondence with influential persons in the South and West, he addressed the Legislature at Frankfort in mid-winter—asking an appropriation of ten thousand dollars—at home he operated incessantly, through all channels, to awaken an interest in the school, and finally he delivered the valedictory address. This first session is but the type of many which followed ; so that, for years, his labors were of the most onerous character.

In the Summer of 1820, to solicit pecuniary aid for the infant school, and win to it the favor of the public, and especially of

the profession, he made the tour of Kentucky, went South to New Orleans, passed round by sea to Philadelphia, and visited a part of Virginia. In both objects he was successful. The funds of the Medical Department were decidedly increased, and the matriculates of the second session were in number more than double those of the first.

In 1821, he spent eight months in Europe, taking with him five thousand dollars, with which the Legislature had answered his request for ten, and six thousand loaned, but ultimately bestowed, by the city of Lexington. Every dollar of this money he expended in purchasing books and apparatus for the College, his expenses being paid out of his own pocket. The time of his visit was, in one respect, most opportune. The long unsettled condition of affairs on the continent had thrown many valuable libraries, professional and non-professional, into the hands of booksellers, and he was thus enabled to procure, at small cost (save of the labor of hunting through garrets), the choicest works of the fathers of medicine, from the days of Hippocrates downwards. In this way he made the library of the Transylvania school then, as perhaps it is now, richer in this particular department than that of any other school in the country.

Caldwell's reputation had long preceded him abroad, and he received marked attentions from the most distinguished scientific and literary personages. He retained among them many correspondents, every one of whom he survived. Whilst in Paris, he made the acquaintance of Gall and Spurzheim, and was led to study, and then to embrace, the phrenological doctrines taught by those gentlemen.

In 1823 Dr. Drake was added to the Faculty, in the chair of *Materia Medica*, Dr. Caldwell retaining that of the Institutes of Medicine, to which was joined Clinical Medicine. In 1825 Drake was transferred to the chair of Practice, and Dr. C. W. Short took the one vacated by him. In 1827, Dr. Cooke, of Virginia, succeeded Drake. These were the palmy days of the school. From the first session, the number of students swelled rapidly, being drawn not only from Kentucky and the States adjacent, but also from those bordering on the Gulf and the Atlantic. As early as 1823, in the fifth session, Caldwell saw two hundred assembled before him, and he felt that the mingled

prophecy and boast, which he had made to Rush years before, was fulfilled ; he was occupying a chair in a school equal in honor to that which had been shut upon him in Philadelphia. The classes continued much above two hundred for many years—in 1828 falling little short of three hundred—notwithstanding other and rival schools were springing up in the West.

This success was as splendid as it was gratifying ; but, to comprehend its magnitude, as well as to appreciate the labor and the courage it involved, the reader should bear in mind the difference between 1819 and 1856. That immense country beyond the Alleghanies was not then, as it is now, the seat of powerful States, the products of whose rich fields clothe and feed half the nations of the earth. Over most of it the savage still roamed, sole proprietor and occupant ; while from the remainder he had just been driven, subdued but sullen, with the scalps of women and children still hanging wet from his girdle, or still drying in his lodge. The rifle of the pioneer was not yet rusted from disuse ; the scars of his frequent wounds were still red ; the battle-fields where lay the bodies of his comrades might yet almost be marked from afar by the lazy wheeling of the vultures. Save here and there in certain advanced lines, the West bank of the Mississippi and the North bank of the lower Ohio formed the extremest limit of “the West,” even of “the *far* West.” On those great rivers—“great as any sea”—the rude barge still competed with the steamboat ; and the commerce that now requires eight hundred of the latter, besides many thousand miles of railroad, was amply supplied by two or three dozen. Indiana and Illinois had just emerged from the territorial condition ; Missouri and Mississippi were knocking at the door of the Union ; Louisiana had but recently been admitted ; Arkansas was barely organized as a Territory, and Texas was yet a province of Mexico. The population of these States and Territories, with that of Ohio, Kentucky, and Tennessee—in other words, of the whole Mississippi Valley—was about two millions ; now it is five or six times that amount. At that time Lexington, in Kentucky, the site of Transylvania University, contained six or eight thousand inhabitants, and was one of the largest inland towns in the Union ; Cincinnati contained about nine thousand ; Louisville and St. Louis each

about four thousand ; while the present capital of Indiana, and many of the great towns and cities in the North and West, and about the lakes, had as yet no existence, even on paper. In fine, that vast wave of emigration, domestic and foreign, had then but just commenced, which has since filled up the entire valley, from North to South, made populous the plains that stretch to the Rocky mountains, and, pausing scarce a moment on the summit of these, poured down their western slopes, to die away among the islands of the Pacific.

Thus, if it was not literally in the wilderness, it was, at least, on the very borders of civilization, that Caldwell came to plant, and did plant, a school of medicine, whose authority, (at least, so long as he was of its Faculty,) was supreme and pervading, and whose alumni, we may add, in intelligence, skill, and achievement, would do honor to any institution in the country. In ascribing, as we do, most of this success to him, we are not unmindful of his co-laborers, some of whom acquired a reputation equal to his own, though different in kind. They, however, had failed repeatedly—some of them failed through thirty years in other and more favorable situations—and therefore to say, that, without his powerful action, his superb administrative talent, their attempt in 1819 would have shared the fate of others before and since, is neither doing more than justice to him nor less than justice to them.

But we have not yet alluded to that portion of his labors which contributed more, perhaps, than anything else, first to create, and then to confirm his influence. During his eighteen years' residence in Lexington, he was constantly writing and publishing on subjects the most various and contradictory. Not a year passed without his committing from fifty to three or four hundred pages to the press. Among the most voluminous and important of these publications, may be mentioned, a volume of *Essays*, in 1821 ; *Outlines of a Course of Lectures on the Institutes of Medicine*, in 1823 ; *Elements of Phrenology*, and *Defence of the Medical Profession against the Charge of Irreligion and Infidelity*, in 1824 ; *Probable Destiny of New Orleans in relation to Health*, and *Analysis of Fever*, in 1825 ; *Medical and Physical Memoirs*, in 1826 ; *Memoirs of Dr. Holley*, in 1828 ; *New Views of Penitentiary Discipline*, *Advantage of a National University*,

Structure and Dependencies of the Science of Medicine, and Changes of Matter and their Causes, in 1829 ; *Malaria, The Study of the Greek and Latin Language, Original Unity of the Human Race, and Febrile Miasms*, in 1830 ; *Intemperance, Washington, The Moral Influence of Railroads, and The Means of Preserving Health in Hot Climates*, in 1832 ; *Physical Education, Gambling, Quarantines and other Sanitary Systems, Optimism, and Phrenology Vindicated*, in 1834 ; *Popular and Liberal Education, and Hygiene*, in 1836. &c., &c. The essay on Penitentiary Discipline, and that on Physical Education, not only circulated widely at home, but were republished in Great Britain, and translated and printed on the continent. The dissertation on Quarantines won the Boylston prize for 1834, although the committee of award, when they began its perusal, held views in opposition to those of the author. That on Febrile Miasms won the same prize in 1830. In 1828, chiefly through his influence, *The Transylvania Journal of Medicine and the Associate Sciences* was established, and to almost every number of this he contributed either an original or critical paper. Among the most noted of the latter sort, was a review of Jackson's *Principles of Medicine*, which was so sharp and conclusive in its nature, that, according to rumor, the author of the "Principles" endeavored to buy up and cancel the whole edition of that book. We have mentioned but two works on Phrenology, but that is not a tithe of what he wrote and published on that subject. Immediately on his return from Paris, in 1821, he began the promulgation of the doctrines of Gall and Spurzheim ; he introduced them into his didactic lectures, taught them to private classes, developed them before literary societies and popular audiences, and pressed them home upon the intelligence of all in the social circle. Wherever they were assailed, and by whomsoever, he advanced to their succor with a heartiness, and will, and vigor, that boded no good to the assailant. He was, in truth, not only the earliest, but also, at all times, the strongest and most redoubtable champion of these doctrines in the Union. And, whatever may be the ultimate fate of phrenology, as a system of mental science—as applied to cerebral physiology and pathology—none will deny the wealth of illustration, and the tremendous power of argument, which Caldwell brought to its support.

Over the remaining events of his life, we shall pass hurriedly, as they are recent and better known. In 1837 he was invited by some of the authorities of Louisville, in Kentucky, to attempt the building up of a College of Medicine in that city. It had for some time been apparent to him, and also to his colleagues, that the rapid growth, and consequent influence of Louisville and Cincinnati, would sadly interfere with the prosperity of the school at Lexington, and a scheme was even entertained of transferring it to the former city, as a more eligible location. From various causes, this scheme was abandoned by several members of the Faculty ; but, nevertheless, Caldwell decided to transfer himself, and to incur alone the hazard of an attempt at Louisville. When he reached that city, he found a state of things not unlike that encountered at Lexington eighteen years before : one attempt to establish a school, had failed ; there was no suitable building, nor any fund wherewith to erect and furnish one ; there was great embarrassment in commercial circles, from which alone aid had been looked for ; no Faculty with any experience in teaching, could be selected in Louisville ; and under any and all circumstances, the enterprise would be violently opposed by the institutions of Cincinnati and Lexington. He could easily have retreated from a position so unpromising, a special deputation from one of the Cincinnati schools having visited him, at this period, with the offer of a place, and a *carte blanche* as to his colleagues ; but he promptly declined the offer.

The trustees were thoroughly disheartened, and the most intelligent of the citizens regarded further efforts as futile. Not so, Caldwell, whom the very difficulties seemed to attract. At his request, the two leading members of the Board (James Guthrie, Esq., and the late Judge Kewan) called a general or "mass" meeting of the citizens, to listen to an address from him, on the subject of the proposed school, the means of its establishment, and the benefits to be derived from it, if wisely and judiciously managed. The meeting was a large one, and Caldwell, then approaching his seventieth year, spoke for two hours, with a warmth, an earnestness, and an enthusiasm never exceeded in his earlier days. Resolutions were passed unanimously to the effect, that it was expedient for the Mayor and

City Council to endow the "Medical Institute" with a lot, and to erect a suitable edifice, and further, to advance or appropriate twenty thousand dollars (Caldwell had asked for twenty-five thousand) for the purchase of a library, a museum, and the requisite apparatus. These resolutions, having been laid before City Council, received the sanction of that body, with only one dissenting voice; and thus the initial step in the enterprise was secure and firm. For the rest, Caldwell, having been joined by three of his Lexington colleagues,—Cook, Short, and Yandell,—by Cobb of Cincinnati, by Flint of Boston, and subsequently by Drake and Gross of Cincinnati, labored with the strength and power, the elasticity and vigor of his youth, until he saw the school triumphantly successful, in spite of powerful rivalry abroad, and in the face of the most implacable, and the most unscrupulous opposition, at home. His pen, the while, was as prolific as ever, in essays, lectures, and reviews; he addressed popular audiences, mechanical associations, literary, medical, and educational societies; sent forth new and enlarged editions of former works; experimented and published on mesmerism; and waged fierce and stubborn warfare against the whole brood of chemical and chemico-vital physiologists.

The school opened with eighty pupils. Each succeeding year (save one) the number augmented, until, in 1847, ten years from the commencement, it rose to four hundred and six, constituting by far the largest class that then had ever been assembled in the Mississippi valley, and larger than any that has since been assembled. Early in the latter year, Caldwell formed a resolution to retire from the toils of public and official life, which had engrossed him for a whole generation; and this resolution he made known to some of the trustees, by whom it was approved. He named March, 1850, as the period of his retirement. But the Board anticipated him by declaring his chair vacant in 1849. For this arbitrary and extraordinary proceeding, no motive was assigned, save the rather indefinite one, that "people thought him too old." The real motive was supplied by the desire of a member of the Faculty to possess Caldwell's place, which he was adroit enough to get, although (according to rumor) his colleagues twice refused to recommend him for it, on the ground that they did not think him qualified.

Full details of all this unpleasant business may be found in the Autobiography.

Caldwell made no concealment of his indignation at the conduct of the trustees. As an attempt to degrade him, though utterly powerless, it was to be resented ; but it touched him more deeply, in depriving him of an income to which he felt himself justly entitled, and the loss of which, at his age, and in the condition of his affairs, was a source of serious inconvenience. The trustees joined to their dismissal the offer of an honorary or *emeritus* professorship, which he rejected, in words not more proud than they were just and true : "That they had nothing to confer which to him could be honorary ; that not only was he the founder and constructor of his own honors, but that he was also virtually the author of all the academical honors possessed by them."

Some months after this, he visited Nashville, in Tennessee, with the design of founding a school of medicine in that city. He asked for a sufficient amount of funds to place the enterprise from the beginning on a level with the older institutions of the country, but from various causes he did not succeed to the extent desired. He predicted, however, on his return, that the interest he had awakened would lead in a twelvemonth to the establishment of a school—a prediction that was verified. In 1850 he was present, by invitation, at the annual meeting of the "American Medical Association," held in Cincinnati ; and was requested by that body to draw up a report on Mesmerism, for the next annual meeting, in Charleston, S. C. His health did not permit of his journeying to Charleston, and from his silence, it was supposed that he had not prepared a report. After his decease, however, it was found among his papers, finished, and in perfect order.

From this time forward, he engaged in no public business. Feeling that his years were well-nigh numbered, he occupied himself in the arrangement of his affairs, in the composition of his autobiography, and in those studies which had been his favorites for nearly three score years. To the last he retained an undiminished interest in these—reading with avidity everything that was published, and noting, commenting, criticizing, as of old.

Early in May, 1853, he was seized with erysipelas in one of the lower extremities. This yielded promptly to remedies, but left a state of feebleness that slowly though steadily augmented. From the first he regarded the illness as fatal, expressed himself as content, and calmly, serenely, and hopefully awaited the appointed hour. There was no bitterness, no resentment for anything unpleasant in the past ; and whatsoever of seeming harshness or severity the stern exigencies of life and its affairs had forced upon him, gave place now to the inherent kindness of his nature. There was no impatience even, save when first his weakened muscles refused to obey the mandates of a hitherto imperious will. In the last hours, as we have learned, that which was at once the passion and the business of his life, still ruled his thoughts. His mind was busy in dreams, by day and night, with the themes that had employed it for half a century : he was still in the class-room, developing some recondite point in medical philosophy ; in the closet, penning some bold and fearless paper for the public eye ; in some fierce debate, where truth was waging its solitary battle against many-handed error. "I must stop," he said, one morning, after a night of unusual restlessness, and as though communing with himself, "I must stop this night-lecturing : it does no good." On a later occasion, after an uneasy sleep, marked by broken and muttered sentences, as the gray dawn dispelled the shadows of his chamber, he seemed to be summoning all his powers for some last and decisive struggle ; "I would like," he said, in clear, distinct tones, "I would like to make one more effort ! Just let me have another dash at them !" A few hours after this, on the 9th day of June, the strong heart was stilled in death.

Such is a sketch, as brief as we could well make it, of the career of this distinguished man. Even in such bold outline, we think, it will strike the reader as altogether unique, as one to which there is no parallel in the professional annals of this country, and few in those of any country. It is a career, too, eminently consistent in all its parts, and was closed in a manner at once characteristic and logically necessary. Caldwell's last labor was the composition of his Autobiography, and the last day which he spent in his study, was employed in the

revision of the manuscript. As he lived a long life, self-sustaining and self-sufficing, seeking, under all circumstances, his inspiration and his strength from within rather than from without ; so it was right that his own hand, rather than another's, should trace the story of that life. This gives it, to our mind, a sense of roundness, fullness, and completeness. And he has discharged this self-imposed task with singular candor, openness, and frankness. He has laid bare, with no delicate and hesitating pen, all the motives which governed him ; he has spoken of himself with the same freedom precisely with which he speaks of others ; and however much his judgments may differ from those commonly received, we do not entertain a doubt that time will prove their essential truthfulness.

We have endeavored, in the progress of this sketch, to give the reader an idea both of the extent and variety of his authorship ; but we feel that it is a very inadequate one. The mere enumeration of his published writings, by title, occupies eight pages in the Autobiography. At the time of his death, they amounted nearly to thirty octavo volumes. Many of them, it should be observed, were sent forth at his own expense, without the hope or the expectation of reimbursement. They were voluntary contributions, for the support of what he conceived to be right, for the defence or the diffusion of what he conceived to be true. A large portion of them are directly or indirectly of a controversial nature. Caldwell, in point of fact, was a sort of literary Ishmael, not so much from any mere love of controversy (though something there was of that), as from the freedom and boldness, and the wide range of his inquiry. From the beginning to the end of his active life, he was almost constantly engaged in some form of contest, battling for some truth that was struggling its way to the light, or throttling some crested error that for years, or for centuries of years, had wound its way through the fair domains of science. In some of these he was alone ; and, even when he had partisans, the "undaunted metal" that he displayed invariably brought down upon him the very brunt of the battle. No man could desire a fairer or more candid opponent. He avoided no difficulty, he took no side issue, he indulged in no trick or feint of fence,

but going straight at the subject, he maintained the conflict, foot to foot, and front to front, and achieved the success which nearly always attended him by dint of sheer, direct force—a force that went crushing through the stoutest panoply of fact and argument in which an opponent could indue himself. He was, withal, unusually tolerant of criticism. So far from treating it as offensive, or being irritable under it, there was no surer road to his favorable opinion, and to his good graces, than a spirited and courteous examination of what he put forth. Hence, his controversies rarely became personal. If, however, he deemed himself treated discourteously or unjustly, all the Titan forces in him were aroused, and mercy was utterly dismissed. The lightning is not more speedy and more swift, more certain and more sure, or scarcely more destructive, than was he under circumstances of provocation. He rarely sped more than one bolt, for, in truth, there seldom was any object left for a second.

Not less remarkable than the amount of his published writings, is the variety of subjects to which they relate. Besides medicine proper, in its different departments, his ever active pen ranged over physics, belles lettres, the fine arts, ethnology, history, biography, education, psychology, medical jurisprudence, religion, morals, and fiction. It has been imputed to him, indeed, as the constant error of his life, that he frittered away his time and his intellect on too many subjects, often of trivial or of ephemeral importance. Dr. Caldwell himself, on reviewing his career, was not indisposed to acknowledge the justice of this imputation. He could not fail to see, what is doubtless true, that had he concentrated his labors on fewer points, had he bent his fine powers to the investigation and development of one or two subjects, he might have produced some large and learned volume more enduring than any single work he did produce, might have advanced some particular department of science, and thus might have secured for himself a *different* place in the estimation of posterity. But this seems to us a very partial view of the matter. What he thus lost in one direction, certainly he gained in another, or in several others; and what science thus lost in some of its subdivisions, was more than compensated for by its gain as a whole. The comprehen-

sive character of his learning, was one of the secrets, and one of the great secrets, of his success in the West,—was the means by which the interests of knowledge, as well as his individual interests, were best subserved. In this light, his whole life in Philadelphia may be regarded as a period of special training for the sphere of action opened to him beyond the Alleghanies. In the educational wants of the population gathered and gathering there, his manysidedness had both employment and breathing space. He found there, as he aptly says, an intellectual soil, in many respects virgin and fresh,—an intellect infinitely diversified, rich in its capacities, and full of untrained vigor and of dormant or untutored energies. To arrest and to direct and fix its attention, to rouse its slumbering activities, to wake it up to its true interests, to mould it, to stimulate and quicken it in all its varieties, it needed to be addressed in many modes; it needed a man of varied and profound culture, ready with the pen, prompt of speech, strenuous and sustained in action; and such a man precisely was Dr. Caldwell. He had no leisure for compiling learned treatises, or for torturing nature into the disclosure of some cherished secret. The time which might have been thus employed, was spent in exciting a love of letters, and in diffusing knowledge, among a large people, in building up institutions that shed the light of learning over great States. Prepared by the mere wealth, the multitude, of his resources, for all occasions, whether offered or sought, he soon made his name familiar in every household in all the West, and for a whole generation wielded an influence such as no man else wielded, such as he left none behind him to wield. Out of other men's defeat, he wrung the most splendid success; into the dead fragments of their failures, he poured the blood and breathed the breath of a new life. If he had been appointed to a professorship in the Philadelphia school, as certainly he deserved to be, no doubt he would have come down to us, and have gone down to posterity, in some form of heavy and voluminous remainder, the delight of the medical ancient, and the terror of the medical youngling;—but to subsist thus, and thus only, is quite as much “a fallacy in duration,” as “to subsist in bones, and be but pyramidally extant,” was in the view of old Sir Thomas Browne. Instead of this, and better than this, he

enjoyed, while living, a consideration such as is accorded to few ; and, dying, left a name linked indissolubly with some of the highest and noblest interests of humanity, in the great central valley of this continent.

Of course, it will be anticipated that one who has written so much, and touched such a variety of topics, has not always written with equal excellence. Yet Caldwell's uniformity in this respect is very surprising. Such was the completeness of his knowledge, and such the precision and accuracy of his intellectual operations, that he rarely failed to do justice to himself and to his subject. Hence, his general excellence, especially in the matter of solid and vigorous thought, will compare favorably with that of any writer in the country. A great many of his productions are very models of their kind, both in conception and in execution. Much that he wrote on epidemic diseases, on hygiene, on sanitary establishments, on education and moral reform, much, too, that he taught for forty years on these and kindred subjects, has become, as it were, a common property. Other matters that engaged his pen were purely theoretical, and have lost much of their interest, except as they mark a phase of the profession ; but they were of use in their day, as contributing largely to correct thinking, and that, we need hardly add, is a very vast step, and a very indispensable one, towards correct knowledge. Many of his smaller papers relate to subjects that seem to us now of little import ; but it should be recollected that these grew out of the necessities of his position ; they were addressed to some particular end, or were intended to subserve some special purpose, and in this they rarely failed. Caldwell had, moreover, the rare faculty of seizing on the underlying relations of even the most trivial subject—on the philosophy that lurked within it, and so could bring it home to the hearts and heads of all. His style is peculiar, especially in the frequent and half-colloquial use of certain connective or transitional words and phrases. It possesses the qualities of fulness, breadth, and copiousness, in a degree that to many makes it seem cumbrous ; but certainly it was anything else. It is always scholarly and correct, is ever characterized by great strength and force, and is almost unequalled in its perspicuity. He *may* have written, now and then, a feeble sen-

tence, but it is almost certain that he never wrote one whose meaning is not open and plain to the commonest understanding. His conceptions seemed ever distinct, definite, and precise, and to mould or clothe themselves in the clearest and most transparent language.

As a teacher, Caldwell was at all times popular, and ranked deservedly among the most eminent. Thirty years of uninterrupted service, in schools of his own creation, may very well attest his attractiveness. In the power of exciting in his pupils an enthusiasm for their studies, he has had no superior and few equals among medical lecturers. There are hundreds of noble and accomplished gentlemen in the Mississippi valley, who will trace to his teaching, and to his personal influence, their first impulse to scientific cultivation, and their determination to excel in it. Always full of his subject, he was yet complete master of it; in his manner, he was perfectly self-possessed and easy; and in delivery, earnest, impressive, generally elevated, and occasionally in the highest degree eloquent. His voice, though not strong, was well managed; and what it lacked in strength was supplied by unrivalled distinctness of utterance. Without any apparent effort on his part, every vowel was sounded, every consonant articulated, and every syllable clearly pronounced.

As a public lecturer and orator, Caldwell possessed unusual personal advantages. There have been few men of a more distinguished and commanding presence. He was much above the common height, well formed, and, to the last, perfectly erect, with a large and finely-developed head, and a countenance full of dignity, and wonderfully intelligent, animated, and intrepid. In midlife, he had that amount of fulness indicative of healthy and vigorous nutrition; in old age, he was somewhat thinner, but still retained an air of singular strength, endurance; and hardiness. At all periods, his form, expression, and movement, would have attracted attention in any assemblage of men in the world. The portrait, after Lambdin, prefixed to the Autobiography, though like, is yet not on the whole the best likeness. The intellectual air of the head and face, and the shape of the former, are finely given, but the latter is too grave and calm—it lacks a certain vigilance in the

lines, as well as the keen and arrowy outlook of the eyes; while the flowing beard, worn by Caldwell in his latter years, though unquestionably becoming, conceals, in some degree, the world of massive power and iron determination expressed in the strength and contour of the lower jaw. There is an engraving, from a portrait taken by the same artist some years earlier, which seems to us truer to life—every feature is awake, and the whole countenance is literally blazing with intelligence. All this wealth of person was heightened by a refined and admirable taste in dress, and by a manner at once polished, elegant, frank, and full of noble and knightly courtesy. This manner was not donned and doffed at pleasure; it was constant, invariable; it was part and parcel of the man, as much so as his head or his hands, and was employed towards all with whom he held intercourse, from prince to peasant. Even his anger, when aroused, vented itself in courtly forms and phrases, and was none the less to be deprecated on that account.

Politics, that treacherous sea, wherein is swallowed up so much of the intellectual riches of the profession, never had much attraction for Caldwell. The low trick, the petty artifice, the mean arts, the shameless impositions, which seem to form the conditions precedent and necessary to political success, were abhorrent, as well as foreign, to his whole nature. Whatsoever he did, must be done openly, and be seen of all men; whatsoever he thought, that must he utter, if he uttered anything. To flatter where he could not persuade, to profess what he did not believe, to repress an utterance, because it might lose him a supporter, to stifle an honest conviction, because it might be opposed to the popular sentiment or belief—these were things that never entered into his imagination. The war of 1812 enlisted all his feelings, and in Philadelphia, where he then resided, he was active in behalf of the party pledged to its support; but, after his removal to the West, though he retained his interest in party and political movements, he took no personal share in them. He may be said to have belonged to the conservative rather than the opposite school; yet he was not unreasonably wedded to that school; for he was as far removed from blind adhesion to established forms, on the one hand, as he was from wild radicalism on the

other. That which he cherished beyond all else, which he held high above all price, was the Federal Union ; a sentiment that looked towards its disruption was, in his view, treason, and deserved the swiftest punishment of treason. He would as soon have raised his hand against the law which binds together the spheres, as against that which binds together these States. These, in truth, were to him as so many stars, moving in distinct and separate orbits, each giving light and glory to the other, whilst over all—combining, coördinating, and governing all—is the Constitution, the Union, like the great law of God. For his strong feelings on this subject, there were several causes :—His father was a stern, unflinching patriot, when as yet patriots were none too many, and was a member of that celebrated Mecklenburg convention, which made the first, and perhaps the original, Declaration of Independence ; his elder brother led sixty of the expertest riflemen of the South into one of the most brilliant partisan conflicts of that region ; he himself was cradled, as it were, by the agitations of the Revolution ; he grew up amongst the early actors in that heroic struggle ; he mingled at a later period on terms of friendship and intimacy with many of the great men who fashioned and moulded the government ; and who guided it in its infancy, and he was imbued with the wise and liberal spirit of these. Thus pride of family, the lessons of his youth, the associations of maturer age, and his own best and most solemn reflections, all combined to produce an intense love of country.

Although we have stated truly, that Caldwell's controversies rarely degenerated into personal quarrels and enmities, it must not therefore be supposed, that he escaped the penalty of detraction to which exalted talent and independent bearing are everywhere subjected. In his case, all minor charges were combined or included in the general one of infidelity, or irreligion, or—to use the most modern phrase—the want of a sincere religious faith. The facility with which such a charge is made, and its frequency, relieve it of nearly all the force it might otherwise have. There have been few eminent persons—especially in the medical profession—against whom it has not been brought. It is the common trick of envy which is feeble, of malice which is impotent, of hate which is baffled,

but inextinguishable. It is so easy for one to be pious, when he cannot be anything else, and so easy to signalize this affected piety by a jealous zeal for the interests of religion or of the Church, by exciting against some person or thing the odium of a powerful and numerous body of churchmen, and the suspicion of all correct-thinking men everywhere. Caldwell, for forty years, labored under this charge, and for forty years treated it with contemptuous silence—in which we should certainly imitate him had it not been renewed since his death, and repeated with a pertinacity beyond all previous example. It dates, we believe, from the appearance of his review of President Smith's Essay on the Causes of the Variety of Complexion and Figure of the Human Species. We have already alluded to this. Dr. Smith was a learned theologian, an eloquent and popular divine, a very accomplished scholar and man of letters, and the master of a style which places him, in the opinion of our great lexicographer, among the best models of composition in the language. The essay added much to his reputation abroad, as well as at home; and having reached its second edition unopposed or uncontroverted, it had come to be regarded as unanswerable. Caldwell's review was a severe one—not so much from its language as from its crushing truth. It showed that many of Dr. Smith's facts were not facts, and that, from such of the premises as were sound, his deductions were unscientific. No reply was made to it, save by denouncing the author, publicly and privately, as an infidel, and thus exciting against him the prejudices of the whole religious community. The accusation was caught up by those who wished to keep him out of the Medical Faculty of the University, and was used by them for that purpose. He was even charged with being instrumental in causing Dr. Smith's death. That gentleman, about this period, had several attacks of paralysis, from which he never recovered, and these were attributed, by his intimate friends, to the excitement occasioned by the severity of the review of his essay.

The charge of irreligion was revived when Caldwell became the advocate of phrenology, and also at a later period, in connection with his publications on mesmerism, and indeed at all times when it was wished to injure him in reputation, or to

thwart him in his schemes. It possibly derived some color from the fact, which he never concealed, that he had been educated for the ministry. Beyond this, there was no warrant for it. Neither in his speech, nor in his writings, was there anything to justify it. Caldwell himself indulged in no levity on sacred subjects, nor did he listen to it from others. There is not a line from him which can be construed into a meaning hostile to religion ; so far from this, he, on all proper occasions, inculcates the utmost reverence for the sacred Scriptures, and constantly recommended to the pupils under his charge close and earnest study of them. Besides all this, we have his own declaration, and the testimony of a member of his family. Miss Warner, in the appendix to the Autobiography, says : " Dr. Caldwell's faith in the fundamental and essential doctrines of the Christian religion was firm, and exercised a salutary influence on his life and actions. A year or more before his death, he made to a personal friend (a clergyman in the Episcopal Church) an explicit declaration of his belief, which was satisfactory to that gentleman. A few months previous to his last illness, he gave a like assurance to his immediate friends ; and, on his dying bed, this assurance was repeated." Let, therefore, the miserable calumny rest ; or, if revived, only for the disgrace of him who shall utter it.

We have said nothing yet of the medical doctrines taught by Caldwell, through the press, and from the professorial chair, for the better part of half a century. To do so, would greatly exceed limits upon which we fear that we have already trespassed. We may observe, however, that he was a *solidist* and *vitalist* of the strictest sect. He did not deny morbid conditions to the fluids of the body, but he insisted that they are always, and of necessity, secondary and subordinate to diseased states of the solids. Sympathy played a large part in his physiological and pathological teachings. With the doctrines of vital chemistry, as it is called, he had no patience whatever. He could not brook that which, to use his own words, " identifies man in function with a German stove, or a Belgian beer-barrel." He would listen to no compromise—no mixture of chemical and vital laws ; if there was anything that he detested more than *chemical* physiology, it was *chemico-vital* physiology.

Between the laboratory of the chemist, and that of the living human body, there was for him the deep gulf that separates death from life. The position which he held on this point, subjected him to much unmerited reproach in his latter years. He was represented as clinging to the idols of the past, and struggling in vain against the progress of science,—as sleeping while the great stream of discovery swept unheeded by. Nothing could be less true of him. No man watched with keener interest the dawn of discoveries, or looked more hopefully and trustfully for them to the future. And in one respect he set a rare example: whatever came forward with pretensions to science, he was ever ready to examine, and did examine. For the past, simply as the past, he cared nothing. The antiquity of error gained no leniency for it at his hands; on the contrary, it but served to increase his rigor. His opposition to some of the modern physiological doctrines, sprung from a profound conviction that they lack truth, and that their reception as true, will be fraught with injury and disaster. Such is the lesson that history and reason taught him—and such is the lesson that they teach to many others. One of the best known among the living medical teachers and writers of this country, propounded to us, not long since, the following question: “Suppose chemistry, in its application to physiology, pathology, and therapeutics, to stop where it now is; how long will it take to free medicine from the errors already introduced by it?” The question has both meaning and matter, and we leave the reader to consider it.

A Case of Paracentesis Abdominis for Ovarian Dropsy, followed by Hæmorrhage, and Death in Seventeen Hours. By E. R. PEASLEE. A.M., M.D., &c.

Mrs. ———, aged 41, first noticed a tumor in the left iliac region, between three and four years since, and which had gradually increased up to the present month (February, 1856), with slight fluctuations in size. It had, from the first, been regarded as *ovarian*; and had presented the phenomena usually attendant upon such developments.

I first saw the patient in May, 1855; she wishing to obtain my opinion in regard to the propriety of an operation for the removal of the tumor by the large abdominal section. I found the circumference of the abdomen to be forty-seven inches; and the walls of the latter so tense that I was unable to decide whether the mass consisted of many or of very few distinct sacs. The patient was, however, in so low a condition generally, that I did not for a moment entertain the idea of an operation for the removal of the tumor, and gave my opinion accordingly. Indeed I did not consider it probable that she would continue through the warm season, then just commencing.

I did not again see her till the 23d of last month (January, 1856); when I was again requested by the patient to remove the ovarian disease. I found, to my surprise, that she had very much improved in her general condition since May, 1855, (though she had failed during the past Summer,) and though the tumor had risen somewhat higher in the epigastrium, her circumference was still but forty-eight inches. She had a pretty good appetite, and though respiration was somewhat hurried, there was no dyspnœa while she was sitting or lying quiet. The bowels were easily kept in a regular condition by appropriate diet; and the action of the kidneys was rather free for a case of this kind. I did not, however, *advise* the patient to risk the operation of ovariectomy; though, to her inquiry whether she was apparently in as good a general condition as the two persons on whom I had before operated successfully, I was obliged to reply in the affirmative. I told her, however, that it was impossible to ascertain with any degree of certainty whether the mass was adherent or not to the abdominal walls or contents, without previously evacuating the sacs by tapping to such an extent as to enable me freely to move the mass in the abdominal cavity, provided it were not adherent. That in fact I could not express any opinion in favor of ovariectomy, without previously tapping her; and if, on doing this, I found the mass extensively adherent—or if I could not decide that it was *not* adherent, from not being able to evacuate the sacs sufficiently, or from any other cause,—I should then not at all entertain the idea of an operation for the removal of the mass. I did not *advise* the *tapping* even; since, though I regard this

operation as hardly dangerous in any degree, I informed her that I might perhaps find the mass made up of very many small sacs, and without a single large one, and in that case she would be disappointed, and I should not arrive at any positive result as to the adhesion or non-adhesion of the tumor.

The patient had a decided aversion to being tapped, unless she could feel quite sure that ovariectomy would follow ; since a sister who had been tapped for the same disease, a few years since, died a week afterwards of peritonitis ; and because, also, she had the impression that if once tapped, a repetition of this operation would be frequently necessary. I could, however, not give the least assurance that the more formidable operation would follow the tapping ; but I engaged, if she and her friends on reflection so decided, to evacuate the sac so far as to ascertain, if possible, the condition of the mass, and *then* decide whether to perform the operation of ovariectomy or not.

After a deliberation of five days on the subject, the patient again sent for me, and informed me she had decided to be tapped, as preliminary to the decision of the question whether I would perform the operation of ovariectomy or not ; and the 4th of the present month was appointed for that purpose.

I found the patient in good condition for the operation ; and, assisted by Dr. Ranney, I performed the operation in the usual way, the patient sitting in an easy chair, and the trocar being introduced through the linea alba, at the point midway between the pubes and the umbilicus. Neither the previous history of the case, nor examination through the tense abdominal walls, afforded any definite answer to the question whether the mass consisted of many small sacs or not ; and no fluctuation could be detected *per vaginam* or *per rectum*. Fluctuation, however, indicated the existence of a distinct sac, of considerable dimensions, in and below the umbilical region, and another considerably higher up ; the former was at once reached by the trocar.

The sac first evacuated contained about six pints of the clear and highly gelatinous fluid (to the sense of touch), so common in such cases ; and on partially withdrawing the canula, two pints more of a milky fluid were withdrawn, evidently from another sac, which had been traversed by the

instrument, while on its way to the larger one. Nothing unusual occurred to indicate anything peculiar, except that, when the second sac had been evacuated, and the canula was almost withdrawn, in order to change its direction, and to penetrate another sac, when a few drops of venous blood were seen to trickle through the canula. This, I supposed, proceeded from a minute vessel on the interior of the sac, which I had punctured, as I had seen the same thing before. Several sacs were next punctured in succession; but they all proved to be small, and afforded very unsatisfactory results, and on withdrawing the canula, as before, a few drops of venous blood again appeared. Fearing this might possibly escape through the puncture in the sac into the cavity of the peritoneum, after I should entirely withdraw the canula, I waited till the dropping entirely ceased, and then withdrew it. I then introduced a *curved* trocar and canula through the same opening in the abdominal walls, and with this reached and evacuated some sacs at a greater distance from the opening. The larger ones being, however, emptied, the whole remaining mass seemed to consist of an agglomeration of small cysts, and to produce much further diminution of the size of the tumor, by tapping, was seen to be impossible, though the removal of the fluid which had been obtained had only slightly reduced the size of the abdomen. Further attempts were therefore rendered useless; and the same precautions were again instituted, in the final withdrawal of the canula. At this time, more blood flowed through the canula than before, as if it had accumulated to a slight extent in the sac first punctured; but I waited till all oozing had ceased. Fifteen pounds only of fluid had been obtained, this being only about one-fourth of the whole.

The patient was fatigued by the prolonged efforts to evacuate the sacs (six or seven having been reached), and depressed in mind, from the fact that the operation must fail to demonstrate the condition of the tumor, as to whether it were adherent or not, but with the exception of some faintness on being put into bed, and some sickness of the stomach, nothing worthy of mention occurred. I left her at the end of an hour or more, seeing nothing unusual in her condition. I, however, stated to her physician, that I felt uneasy in regard to that

slight oozing of blood, lest the latter might first fill the sac, and then escape, should that bleeding continue, into the peritoneal cavity ; or lest it might exhaust the patient before the sac should be filled. We both, however, concluded that, on the whole, this was very improbable, and I engaged to see her the next morning, and deemed it injudicious to tell her distinctly, in her fatigued and exhausted state, that I could do nothing more. After the operation, I thought the tumor could be slightly moved across below the umbilicus, but not at all at the upper part, especially in the right hypochondrium ; but I stated that I could not decide definitely enough to form any opinion favorable to the operation of ovariectomy, and that idea was therefore abandoned.

The next morning, at ten o'clock, I was requested to see the patient in haste, as she seemed to be sinking ; and before I could arrive, she was dead. She had passed a tolerably comfortable night, with sickness at the stomach at times, but presented no grave symptoms, as I was informed by her physician, till eight o'clock in the morning, when her expression changed, and she became very restless, and expired before ten.

Post mortem examination at 4 P. M. (6½ hours post mortem). Present, Drs. Ranney, Barker, and Conant ; and Drs. Mason and Frost, medical attendants. Some bloody serum had escaped from the puncture through the abdominal walls. On cutting through the latter on the median line, a thick and very vascular membrane was found intervening between the parietal peritoneum and the ovarian mass ; and a layer of bloody serum was seen between this and the mass itself, one to two inches deep. This very vascular membrane was found to cover over the whole tumor, anteriorly and laterally, like an apron ; it being also adherent to the tumor on both sides, as well as to the pelvis and the lower portion of the tumor also. On further examination, the membrane just mentioned was found to be the *omentum majus*, and the hemorrhage had proceeded from a small vein in that, which had been punctured in penetrating it to reach the first sac. It had become so thick and firm, as well as vascular, by the constant pressure and motions of the tumor, that I had mistaken it for the wall of the sac first punctured ; and the blood which I had, during the operation, supposed to

flow from the inner wall of the sac into its cavity, had really flowed from the membrane just mentioned, into the cavity formed by the adhesions before specified, between itself and the diseased mass. But very little bloody serum had escaped into the cavity of the peritoneum, through the puncture in the omentum; and it was judged that not more than eight to ten ounces of blood had been lost in all.

The tumor was found to be extensively adherent at its upper and lateral portion; but below the umbilicus it was much less so. Its removal would not have been attempted during life, had it been exposed to view for that purpose, by any judicious surgeon. It was found to consist of an immense number of small sacs, and weighed forty-five pounds—making 60 pounds in all, before the operation of paracentesis. The tumor was found to be mostly developed from the left ovary; and both Fallopian tubes were closed up, and distended with a putty-like substance, in which broken up epithelial cells predominate. It may be proper here to remark, that though a married lady for several years past, she had never been pregnant; the menstruation had been regular till within the past eighteen months.

Remarks. 1. I suppose the hæmorrhage alluded to, must be regarded as the “*causa sine qua non*” of death, in this case. That is, had no hæmorrhage occurred, death might not have taken place in any immediate connection with the operation. On the other hand, however, the hæmorrhage alone hardly accounts for the fatal result so soon after the operation. A quantity of blood between the omentum and the tumor, with a small amount also in the peritoneal cavity, must have produced an amount of mischief in a few days, which would very likely have proved fatal; but in accounting for a death occurring but sixteen and one-half hours after the operation, and when the amount of blood lost was so small, we should doubtless also take into consideration the exhaustion from the operation; and especially also the mental shock produced by the knowledge that the operation had led to no positive result in diagnosis, and that therefore nothing further would be done.

2. But the *source* of the hæmorrhage was, so far as I am aware, *peculiar*. Branches of the internal epigastric artery have

sometimes been wounded ; the bladder has been wounded ; the uterus, happening to lie in front of the tumor, has also been punctured ; and one of the Fallopian tubes, also happening to be stretched over it in front, has been transfixed. But I have never heard of the great omentum being injured in a case of ovarian dropsy, by a puncture at the point usually regarded as the safest, *i. e.*, half way between the pubes and the umbilicus. Indeed, in all ordinary circumstances, where the abdomen is largely distended, it is impossible that the omentum should extend to this point. In the first place, it is not long enough naturally, to extend even to the umbilicus in a case like this—even though it originally fell into the pelvis. And secondly, it is uniformly, so far as I have seen, pushed up by the tumor during its developement, from below, and is generally found somewhat folded, and not reaching more than half the distance from the stomach to the umbilicus. In this case, the omentum was not less than two and one-half feet long, as the specimen will show, since it completely covered the tumor anteriorly and laterally. And since, had it been free at its lower extremity at the time the tumor first began to grow, the latter would doubtless have merely lifted it up, as is usual, I am compelled to believe that the omentum had become adherent to some portion of the pelvic peritoneum before the tumor began to be developed. Thus the tumor grew upwards behind the omentum, and thus the latter became expanded over the whole length of the tumor, as has been described.

Finally, the whole extent of the omentum was equally vascular ; and had the puncture been made at any other point, there is no reason for believing that the hæmorrhage would have been less than that which actually occurred.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M. D., Secretary.

Feb. 27. *Dr. Finnell* presented a stomach, and a portion of integument, removed from a man who had died of scurvy. The man was one of a crew of 20, manning a ship which sailed from Gibraltar to New York, where she arrived after a passage of six months. When one month distant from Gibraltar, all the crew were taken sick, vomiting blood at intervals, and rapidly sinking. Five died from exhaustion, apparently, from loss of blood. After arrival here, the survivors took board in Cherry street, where, shortly after, three died. Upon the stomach can be seen ulcers, varying in size from two or three lines to half an inch in diameter. This portion of integument shows the character of the external ulcers, which appeared on other parts of the body as well as upon the leg, from which this specimen was removed.

Dr. Finnell also presented a stomach and a portion of a liver, from a person who had died from the effects of strychnine. No morbid appearance can be discovered in the stomach, excepting some marks of irritation at its large end. Upon the portion of liver is seen a cicatrix.

Dr. Dalton inquired if there was any history to account for the cicatrix, inasmuch as he had seen similar marks upon the liver of persons who had syphilis.

Dr. Finnell had no history of the case.

With the above mentioned specimens, *Dr. Finnell* presented the uterus from a female upon whom abortion had been produced. The woman came into the hospital on the 7th of January, suffering from rheumatism, and also severe inflammation of one eye, which finally was destroyed. She came under his notice on the 1st of February. A day or two previous to death, which occurred on the 20th of February, from puerperal fever, she stated that abortion had been produced upon her by a doctor in Essex street, by introducing and stirring about a steel instrument. The operation was followed immediately by considerable hæmorrhage, and the next day by expulsion of foetus. In a few days she was up and about, but in a week or ten days was obliged to give up, and so entered the hospital. Upon the sacrum and other prominences of the body, ulcerations were produced, the bone becoming denuded at the sacral ulceration. Post mortem

examination failed to find any lesion of the various viscera, and no phlebitis. There is a small cyst in the cervix, which is the only morbid appearance in the uterus.

After presenting this specimen, *Dr. Finnell* showed a portion of the trachea of a boy, four years of age, who died of membranous croup. The boy suffered a catarrh for two days, without exciting any alarm. On the third day, *Dr. Finnell* was called to see him, and found him failing very fast. No response being made to the usual remedies, it was decided that tracheotomy only could save the child, which, after a delay of two hours, awaiting the consent of the parents, was performed. At this time the boy had ceased breathing, but in a short time after perforation was effected, respiration commenced, the patient rallied, and everything promised well. Towards midnight, however, he grew weaker, and in a short time, died from suffocation. In this part, about midway the cricoid cartilage, it will be seen, the canal of the air-passage, is entirely closed by false membrane.

Dr. Finnell also presented two specimens of the liver, and one of the kidney, from a man who had died of ascites. The kidney was of abnormal shape. Besides these, he exhibited ninety-five gall stones, as curiosities, from a patient who died of pericarditis. The total number found in the gall bladder was 103.

Dr. Pointer presented the pelvic organs of a man exhibiting urinary fistulæ, resulting from injury, accompanied with the following history :

Henry S——, an Englishman, 35 years old, was admitted to Bellevue Hospital on the 12th of January, 1856.

No hereditary predispositions could be traced, on questioning this man, who had been very intemperate till ten months ago, when he was compelled to give up his old habits. Twelve years ago he had gonorrhea, but had no stricture. No other history of venereal disease in any form. Two and a half years ago, at New Orleans, he fell astride the hatchway of a ship, wounding the scrotum and right testicle. He was insensible for six hours subsequent to the injury, and when his consciousness returned was unable to urinate, though there was great tenesmus. It was found impossible to pass a catheter, and he was left to pass a terrible night, during which he noticed a swelling, beginning at the pubes and gradually travelling up to the anterior superior spinal process of the ilium, and distinctly confined to the right side. The next day, at 12 M., the infiltrated tissue was lanced in two places, one just above Poupart's ligament, about one-third of the distance from the crest of the pubes to the anterior superior spinal process of the ilium, and the other about one-half

an inch below it, vertically. After nine days he passed his water in a stream, through the upper wound, only a few drops passing per urethram. At the end of two months he could walk about, the quantity of urine passed through the natural passages had increased daily, and at this time he passed about half through the fistula, and half through the urethra. The wound in the scrotum had only partially healed. For six months this condition of things remained, the man having no pain, except at the neck of the bladder, when he urinated. He commenced work two months before, and continued his laborious occupation till three months previous to his admission. He has always noticed some pus in his urine, and a very slight discharge from the fistula. Ten months ago he first noticed a dry cough and night sweats, the beginning of phthisis, which has steadily progressed. About this time the urine ceased to pass through the artificial opening, and while at stool passed per rectum, excoriating the parts, and giving a urinous smell to his stools. When standing up, the opening into the rectum was closed, in some manner, so that none of his water passed into it, but all through the urethra. After several months the fistula reöpened, and simultaneously there was an absence of urine in the fæces. About the first of September, 1855, it again ceased to pass through the former opening, and reäppeared in the fæces, a little passing at each stool up to the present time, and nothing being discharged from the fistula except a very small quantity of pus.

He came to the hospital to be treated for his chest disease, and with the hopes of recovery usual to phthisical patients. On physical examination, every evidence of tuberculous cavities was found at the apices of both lungs. He was extremely emaciated, and very feeble. Heart's sounds were natural.

Just above Ponpart's ligament, and about its middle, was a round opening in the skin, which, on examination, was found to communicate with a fistula running downward and inward to the median line just above, apparently terminating in a blind pouch above the symphysis pubis. The probe was also passed in the opposite direction for a short distance, and then stopped abruptly. There was another opening in the integument, vertically below this, which communicated with a fistula, ending at the anterior border of the tendon of the adductor longus muscle. Besides these, there were two others in the scrotum, which could be probed a distance of one inch only.

January 15th, three days after admission, his urine again passed through the fistula, and he continued to pass at least half of it thus, up to the time of his death, the other half passing through the ure-

thra, in a spiral stream, at times thick with pus. He also passed a little urine through the rectum when at stool, the whole time. I attempted to pass a bougie, but could not introduce it farther than the triangular ligament, with the gentle force used. He informed me that many attempts to pass instruments, had been made in vain. His urinary disease had long ceased to give him any trouble, and his lungs being irremediably diseased, no treatment was addressed to it beyond cleanliness. He was given cod liver oil, and vegetable and mineral tonics, but gradually sank, and died on the 16th of February.

On post mortem examination, a flexible catheter, No. 8, was passed into the upper fistula, above Poupart's ligament, and internal to the external iliac artery, downward in front of the peritoneal covering of the bladder, gradually passing from the side of the organ to its posterior surface, till it met with an obstacle in the region of the prostate gland. This fistula being opened with a scalpel, was found to be lined with a membrane approaching mucous membrane in its character. On cutting down upon the end of the instrument, the fistula was traced into an abscess, seated partly in the substance of the prostate gland, and between it and the rectum, containing about one-half of an ounce of pus. From this abscess, a communication was established with the bladder, through the floor of the urethra. There was also a communication by a valvular opening with the rectum, a short distance from the anus, just above the sphincter ani muscle. None of the other fistulæ communicated with the bladder. They were all lined with the same imperfect mucous membrane. The fistula communicating with the abscess in the prostate gland, divided near the opening in the integument, into three smaller ones, which emptied into the sinus before described, and which was large enough to admit the little finger.

The bladder was considerably thickened, and presented evidences of inflammation. Its whole mucous surface was dotted over with perfectly circular ulcers, about three lines in diameter, some of which presented the appearance of healing, while others were ragged and apparently progressive. They resembled very much chancres, so that several medical gentlemen who examined them, remarked that they would have pronounced them chancres unhesitatingly if situated on the external surface of the body.

Dr. George T. Elliot presented a specimen of *aneurism of the aorta*, with the following history :

John Kelly, aged twenty eight, unmarried, native of Ireland, a shoemaker, admitted June 25th, 1855.

No hereditary tendencies to disease traceable ; a man of intemperate habits ; suffered from syphilis in primary and secondary forms ; never had rheumatism ; lost the use of one eye, and partly that of the other, from inflammation contracted by exposure at a fire ; health generally good.

In March, 1855, exhibited symptoms of some inflammation about the chest ; pain (but) on the right side ; expectoration slight, yellowish, and viscid. Previous to this attack, never suffered from palpitation of the heart, but since has been greatly troubled in this way. Unable to walk any distance, or up stairs, without stopping to rest. Has not felt pain in precordial region ; is not conscious of having ever injured himself by exertion

At his admission, June 25, had lost much flesh, was greatly oppressed at times by palpitations, but felt no pain ; legs were œdematous to the knee ; urine not albuminous ; pulse was then 90, regular, locomotive, visible in neck ; respiration 24 ; during August, suffered somewhat from precordial pains.

October 1st—Apex of heart, found in sixth interspace, one and a half inches to left of nipple ; double murmur at base, and at apex, or transmitted ; thrill over base ; radial pulsations visible ; entire of lower limbs œdematous, with some effusion into abdomen ; liver prominent in epigastric region. At this time, suffered greatly from dyspnœa, and œdema of lungs was discovered.

During November and December, occasional attacks of dyspnœa came on, with general derangement of digestive function ; food was often rejected by the stomach.

January 6th—Sudden excruciating pains in the precordial region during the past night caused him to rise from bed, in his endeavors to obtain relief ; point of heart's beat indeterminate ; double murmur, as before, over base, and a distinct thrill in the third interspace, two inches to left of median line ; dulness extends from second rib downwards, and from right margin of sternum to three inches to the left of the nipple.

Fluctuation, but no very great distension of abdomen ; œdema of right lung ; bronchial breathing in left ; face assuming a dark purplish hue.

February 23—Has been suffering with increasing dyspnœa for several days ; maintains a sitting posture in bed ; face greatly suffused ; jugular veins, and others of neck, exceedingly distended.

February 24th, at nine A. M., suddenly died, immediately after eating a light breakfast.

Sectio cadaveris, twenty-four hours after death. *Rigor mortis*—Face and neck much swollen and discolored ; considerable distension of abdomen, and great œdema of legs.

Thorax—Lungs everywhere firmly adherent to the pleura costales, the pericardium, and diaphragm, excepting as separated on left side by a slight amount of serum. Several ounces of serum were found confined between the middle and lower lobes of right lung, and the lower lobe was carnified

The left lung was compressed posteriorly by the enlarged pericardial sac, but otherwise healthy.

The pericardium was found thickened and greatly enlarged, its cavity containing over twenty ounces of serum.

The heart greatly hypertrophied, weight twenty-two ounces. Its valves all healthy, to inspection. The aortic, however, were found not to hold water.

The liver was comparatively small, presenting marks of inflammation upon its surface.

Kidneys of normal size, and healthy.

Brain not examined.

Dr. Elliot thought the case exhibited a point of fallacy, on account of the peculiar situation of the aneurism, but spoke in high terms of *Dr. Camman's* diagnosis, it having coincided with the facts in the case, as demonstrated by the autopsy.

Dr. O'Rourke thought there was no point of fallacy in the case, and that *Dr. Camman's* diagnosis was correct.

Dr. Elliot said he intended to give *Dr. Camman* full credit, and that he wished to convey the idea that the peculiarity of the case might lead to a mistake in the hands of the less experienced.

Dr. S. C. Foster inquired as to the dates in the history of the case.

Dr. O'Rourke remarked that the first symptoms appeared in March, 1855, and that *Dr. Camman* made his diagnosis in the following June.

Dr. Pointer said the patient was received into the hospital with "dilatation of the aorta" as the diagnosis.

Dr. Dalton presented a fatty tumor, as interesting in exhibiting how dense a tumor of that character may become by the incorporation of fibrous tissue. The tumor was removed by *Dr. Detmold* from the back of the neck of a perfectly healthy boy, aged nine years. It made its appearance ten months since, and gradually increased until it attained the size of a goose egg. It was adherent to the trans-

verse processes of two of the vertebræ, lobulated, presenting to the touch a sensation as if bone was developed in its centre. It was mostly superficial, the skin being in no wise discolored. It was not painful, and was removed on account of its inconvenience.

Dr. Metcalf asked if it was not uncommon for tumors of that kind to be attached to bone. He thought there were but few, if any, who would not have considered the tumor to be schirrus.

Dr. Metcalfe presented a specimen of chylous urine.

A young lady, aged twenty-six, native of Cuba, unmarried, of nervous temperament, having previously enjoyed good health, began to be dyspeptic three years ago. From time to time, pain in the lumbar region was complained of, and on several occasions she passed bloody urine.

Two years ago, for a short time, she had been troubled with swelled feet. No disturbance of the menstrual function, except that the catamenia had come on three or four days later than the regular time, and sometimes at irregular intervals.

Three months before coming under observation, she noticed that her urine became milky in color as it was passed. No deviation from the normal quantity was observed. It had a peculiar odor; an acid reaction; specific gravity .1019. On standing, it deposited a copious sediment, the upper part being somewhat turbid. The sediment was composed of urate of ammonia, and of very unusual abundance of renal and vesical epithelium. Heat and nitric acid gave copious precipitate of albumen.

Sulphuric ether, agitated with the urine, removes the fat, which collects in quite a thick layer between the two fluids. Chloroform affects it in a similar manner.

On microscopic examination, no tube casts were to be found.

From time to time small whitish clots pass with the urine from the bladder. These were found to consist of an amorphous stroma, entangling multitudes of oil globules and epithelial scales.

The patient was treated by tonics and generous diet, and in the course of two months was quite well of her troubles.

Dr. Metcalfe stated, that he had been informed by Brown Sequard that it was not uncommon in Cuba for persons to be affected as in this instance, and in other places within the tropics, especially young persons.

Dr. Elliot inquired if hæmaturia in young children was easily treated. He stated that, in the case of a child, about two years of age, who suffered in this way, the symptoms yielded readily to gallic acid.

Dr. Metcalfe desired to know the quantity of blood passed.

Dr. Elliot stated the quantity to be perceptible, the linen being stained.

Dr. Metcalfe asked how it was possible to diagnose a case of that kind without the microscope, and wished to know if the urine was albuminous.

Dr. Elliot remarked that he had no opportunity of testing the fluid by the microscope, and that the case recovered so easily, no other examination was made.

Dr. Bolton stated that he had seen two or three cases, in which the diaper was stained with blood, as he supposed, which yielded readily to administration of dilute sulphuric acid.

Dr. Metcalfe also presented the *brain* and *liver* of a man, with which he likewise submitted a history. He stated that *Dr. Dalton* had examined the tumor of the brain, and found it non-malignant, also the tumors of the liver, which are tuberculous.

Dr. Elliot said he supposed *Dr. Metcalfe* meant that they were the knotty tumors of *Budd*, said to contain a cheese-like matter, as is the case with those presented.

Dr. Metcalfe said he considered them tuberculous.

Dr. Krakowitzer presented the uterus, and a portion of the large intestine, from a patient who had died of peritonitis. The woman had passed through the allotted period of pregnancy, was attended by a midwife, and delivered in half an hour. On the morning of the fourth day, the patient sat up, and feeling very cold and chilly, was obliged to go to bed again. Three or four hours later, she felt very sick, and in four days died. The autopsy revealed copious effusion into the cavity of the peritoneum, and, also, the fact, that inflammation of the bowels had existed to a certain extent. A short distance above the ileo-cæcal junction, a bridle or false ligament existed on the anterior side of the cæcum, drawing about three inches of the tube into the space of about three quarters of an inch, thus forming a pouch posteriorly. The membrane of the stomach showed an irritated surface from the administration of calomel. There was no pus found in the veins of the uterus or ovaries. There were some slight, but old, adhesions of the fallopian tube to the ovary of one side. Eight years ago, the patient suffered from intermittent fever, and the spleen was found somewhat hardened, and adherent to its surroundings.

Dr. Donaghe presented a uterus of a patient who had died of puer-

peral fever. He presented the specimen more for enquiry on a point of jurisprudence, than on account of its rarity.

The patient arrived in town from Washington, and took board with a female physician, in January last. A few days after her arrival, she was taken with chills, pain, &c., and died in twelve days. Autopsy exhibited the breasts fully developed, the glands containing milk. Abdomen tympanitic—the cavity of the peritoneum containing about two quarts of sero-purulent fluid. Adhesions existed to a certain extent. The uterus was large—cervix patulous, easily receiving the end of the finger. The place of placental attachment was very distinct. Phlebitis was found to have existed. In fact, the patient had metropéritonitis. The question now arises, “at what time had abortion been produced?”

Dr. Elliot, being appealed to by the President, answered that he should be unwilling to testify that abortion had been produced within twelve days.

Dr. Donaghe inquired as to the time the place of placental attachment remained observable.

Dr. Elliot thought it would vary considerably, especially if the placenta should not be thoroughly removed.

Dr. Metcalfe said he thought something might be learned from the size of the uterus. At Bellevue Hospital he had always seen the uterus large and flabby in persons dying with metropéritonitis.

Dr. Elliot spoke of a case at Bellevue Hospital, where the patient died at the end of thirteen days. The uterus was large and flabby.

Dr. S. C. Foster testified to the flabbiness of the uterus after death from this disease. He has seen cases wherein the point of placental attachment remained for a long time, and the uterus flabby after a long sickness.

Dr. Holcomb remarked that he had seen cases in which the uterus was quite firm in death, following abortion.

Dr. Bibbins presented a mouse having upon its head a cutaneous disease, by which one eye had been destroyed.

Dr. Dalton had examined the encrustation by the microscope, and found it to be the same with the porrigo favosa affecting man, and like that which affected the cat presented before the Society some months ago.

Dr. Gentry presented a multi-lobular fatty liver, as a curiosity. It was taken from a patient of intemperate habits, who died in Bellevue Hospital, of phthisis. A vomica having formed near the surface of the lung, perforation of the pleura followed, and pneumothorax hast-

ened off the patient. The number of lobes is thirteen, several of which are pedunculated, but the majority are sessile, each contributing its part, seemingly, in the natural function of the organ—being supplied with the necessary elements therefor.

Dr. Metcalfe thought this the first of the kind presented before the Society.

Dr. O'Rourke said that several years ago one was presented very similar, having twelve lobules.

January 23. *Dr. F. C. Finnell* presented the uterus, stomach, liver, and one kidney, obtained from a young woman, twenty-three years of age, unmarried, who died this morning, of puerperal convulsions, three months and a half advanced in pregnancy. She had been in a state of great despondency at the absence of her lover. Last evening, she retired, complaining of pain in her back and abdomen. In the course of the night she was seized with convulsions, which continued until seven o'clock this morning, when she died. Between the interval of the recurrence of the convulsions, she was in a comatose condition. The autopsy revealed the kidneys congested, the liver covered with spots, resembling purpura hæmorrhagica, as seen on the surface of the body. The mucous membrane of the stomach was likewise studded with similar spots.

Dr. Metcalfe inquired if there was any suspicion of poison being taken.

Dr. Finnell replied that there was, but no evidence.

The next specimen, presented by *Dr. Finnell*, was *cirrhosis* of the liver, occurring in a woman, twenty-two years old, admitted into St. Vincent's Hospital, on the 12th of this month, having a chronic ulcer of the leg. The second day after admission, she complained of a sensation of faintness, and was, in consequence, unable to leave the bed. In a few hours, the skin became jaundiced, and, on the following morning, the presence of abdominal effusion was evinced by distinct fluctuation. She had no pain. January 14th—Commenced vomiting; pulse 85; mind clear; skin cool. She expressed a desire to return home, if her sickness was likely to prove serious. In the evening, she vomited a large quantity of blood. Shortly after, she died.

Post mortem examination revealed the peritoneal cavity, containing three quarts of serum. In the stomach was found a quantity of coagulated blood. On carefully washing the organ, no morbid appearance was observed. The liver was extensively cirrhotic, being diminished to one-half its natural size, nodulated, and firm in tex-

ture. The vena portæ was filled with fibrinous coagula. The hepatic, cystic, and common ducts were much contracted.

Dr. Finnell next exhibited the *stomach* of a *child*, four years of age, who was poisoned by forty grains of nitrate of silver. The case occurred in the practice of *Dr. R. Belden*, of Hudson street.

History—*Catharine Gould*, aged four years, swallowed, on the 1st of July, 1855, two scruples of nitrate of silver. For the first five or six days, no unpleasant symptoms were exhibited by the child, or perceived by its parents, the little one continuing to run about as usual, and amusing herself with her wonted plays and amusements. On or about the sixth day, it was attacked with violent mucous diarrhœa, which continued for nearly two months, attended with extreme emaciation and impaired appetite. After the usual remedies had been given for some six weeks, ordered the following mixture : *R.* Bals. copaiba, ʒss ; mucil. g. acaica, ʒijss ; *M.* ; and administered in teaspoonful doses, every four hours. Twenty-four hours after using it, the lips, gums, and teeth, became encrusted with the caustic, on the mucous membrane of the mouth and fauces. The action of the nitrate of silver was evident. The sputa appeared as if nitrate of silver had been dissolved in them. Continued the use of the balsam, &c. On the ninth day after commencing the balsam, the diarrhœa became less, the action of the caustic in the mouth, on the lips, and teeth, disappeared, and in about two weeks, all unpleasant symptoms had subsided, the child improved in flesh, and became apparently well, and continued so until the beginning of last December (five months after swallowing the poison), when it showed symptoms of typhoid fever, such as a dry, mahogany-colored, and fissured tongue. Pulse 120 per minute, and small ; very restless ; skin hot, dry, sensitive, and of a dusky tint ; eyes glassy and wild, pupils dilated ; an inveterate disposition to pinch its own nose ; some delirium ; great languor ; and spasmodic movements of upper and lower extremities. These symptoms continued more or less severe for fifteen days, when the child began to improve, and on the 18th was convalescent ; the tongue became moist, and lost its brownish hue and fissures ; skin natural, moist ; all the secretions normal. Took nourishment, and continued to improve for some two or three days ; but after that period, a relapse of the above-mentioned symptoms recurred, and continued for a few days, when it again began to improve, in four weeks from the first attack of typhoid fever. In the beginning of January, 1856, the child was permitted to eat apple-pie, rather inferiorly baked, and from that period there was no disposition to take

nourishment. On the following day it began to vomit biliary matter, and continued to do so until death. It invariably refused nourishment. Great thirst, loss of appetite, and vomiting of bile, were the only symptoms observed. The alvine evacuations were natural. Patient free from pain or tenderness during the whole period, until about three hours before death, when the little sufferer began to complain of excruciating pain in the epigastric region, and sunk very rapidly, on January 19th, 1856.

Autopsy, twenty-six hours after death.—The stomach presented three ridges, where the caustic had probably first rested. At these points, the mucous membrane was much thickened and elevated.

Dr. Markoe inquired if there was any evidence of arg. nit. in the discharges.

Dr. Finnell replied, that point was not looked into.

Dr. Metcalfe suggested that, as this was an interesting and novel case in the annals of the Society, the elevations of the stomach be submitted to minute examination by the microscope, to learn what changes, if any, had occurred in its structure, and he moved that *Dr. Clark*, in connection with *Dr. Finnell*, be requested to make the examination.—Adopted.

Dr. Finnell next presented a specimen of *cirrhosis of the liver*, obtained from a man, forty-four years old, who applied a few months since for advice at the Demilt Dispensary, suffering then from debility and abdominal effusion. At one period he had been very intemperate, but of late years had entirely abstained from drink. In May, 1853, copious hæmatemesis occurred, which has been repeated on several occasions. At the time of his application, the prominent symptom observed was the ascites. Examination of the heart and lungs detected nothing abnormal. No albumen in the urine.

Diagnosis—Dropsy, a consequence of *cirrhosis*. *Treatment*—Palliative.

Post-mortem examination (furnished by *Dr. Wm. B. Bibbins*) revealed :—

Lungs healthy, but a single old pleuritic adhesion, which connected not very firmly the base of the left lung to the diaphragm.

The *heart* was in a normal state, except a few small patches of organized lymph upon the surface, showing that slight pericarditis had formerly existed.

Abdomen—The intestines were glued together by extensive old peritoneal inflammation, apparently having no relation to the recent operation of paracentesis abdominis.

Liver—Right lobe was adherent to the diaphragm, and part of the left, from firmness of adhesion, was in the removal torn off. Cirrhosis had occasioned considerable contraction. On expression, no pus, only serum, exuded.

Kidneys—The left had lost entirely the line of distinction between the cortical and middle pyramidal portions, while the right showed a similar diseased condition, not as far advanced, effused fibrin giving them a very distinct outline.

Spleen—Generally adherent, enlarged, carnified, with much fibrin thrown out around the vessels.

The *stomach* contained a large quantity of venous blood ; was lined with inspissated mucus, but presented no ulcerations or other lesions.

The opinion seems warranted that not only the contraction of the portal vein, but also the inflammation of the smaller mesenteric veins, during the peritonitis, causing obstruction to the circulation, from fibrinous effusion then, and the subsequent contraction of *their* surrounding cellular tissue, produced the ascites.

Dr. Clark remarked, that the cases of cirrhosis were interesting in one particular, viz., hæmatemesis, without any lesion of the stomach. *Dr. Metcalfe* had first called the attention of members, a few years since, to the frequent occurrence of this symptom in the disease in question. The liver being firm and hard, and the circulation obstructed, it is easily conceived how the hæmorrhage of the stomach is a consequence of the obstructed circulation.

Dr. McCready laid before the Society a specimen of *aneurism* of the *aorta*, bursting into the œsophagus, obtained from a young man, twenty-eight years of age.

Charles H., aged twenty-eight, applied to *Dr. McCready* on the 13th September, 1855, for advice. He was a well-built, fine-looking young man, accustomed to much active exercise in the open air. According to his statement, his health had always, for a number of years, been perfect, and he now was well, with the exception, that he was attacked at irregular intervals with an intolerable feeling of pain and oppression at the epigastrium, which, after lasting for a short time, would be relieved by the eractation of a quantity of watery fluid. The fluid thus brought up was without taste or smell. His appetite was good, his bowels regular, the tongue clean, the skin soft, and the complexion clear. The complaint had existed about a fortnight, and the attacks generally recurred once a day. Bismuth, and afterwards hydrocyanic acid, were ordered, but afforded no relief.

On the 23d of September, Mr. H. summoned *Dr. McCready* to

his house. Within the last twenty-four hours, he stated he had become much worse. He complained of a very distressing pain and sense of oppression, which he referred to the pericardium, and to the space under and at the cartilages of the false ribs on either side. He had had repeated attacks of vomiting, and could retain nothing on his stomach. His countenance was pale and anxious, and his respiration was hurried. The pulse was good, but somewhat increased in frequency. The bowels, heretofore regular, had not been moved for the last twenty-four hours. There was slight occasional and somewhat hoarse cough. His voice, too, was somewhat hoarse. This condition continued unrelieved for a week, apparently unaffected by the remedial agents employed (mercurial purges and enemata, nitrate of bismuth, morphia, hydrocyanic acid, with local applications to the seat of pain). Towards the latter part of this time, pain in the left shoulder, and along the inner side of the left arm, was much complained of. The peculiarity and obstinacy of the symptoms suggesting that they might be caused by some organic disease, his chest and abdomen were repeatedly and carefully examined, without any morbid signs being discovered. While he was perfectly quiet, he often enjoyed intervals of comparative ease, but the slightest exertion would renew his distressing symptoms, the deathly sickness at the stomach being most complained of. After any unusual exertion, too, or after a paroxysm of coughing, the hoarseness was much increased, so that the voice would become almost extinct. At the end of a week, his symptoms were gradually mitigated. He still, however, continued unable to take exercise, walking a short distance, two or three squares, riding in an omnibus, or ascending a flight of stairs, produced a renewal of the sickness at the stomach, and the difficulty of breathing, and the hoarseness.

November 1st—To this time Mr. H. remained about the same, though there was perhaps some slight improvement; he was able to take a little more food, and retained it somewhat better; he complained, however, of great difficulty in swallowing solids. On again examining his chest, I found that in a space just beneath the inner third of the clavicle, and extending as far as the middle of the sternum, there was decided dulness on percussion; over the greater part of this space a pulsation, synchronous with that of the heart, could be felt, and the heart's sounds could be heard with great distinctness. The breath sounds were coarse and rough, and on the left side the respiratory murmur was interrupted. The left clavicle appeared somewhat crowded upward, and there was no pulse to be felt at the

left wrist. Nov. 8th—The patient was visited to-day by Dr. J. T. M., in consultation. Nov. 10th—Mr. H., during the past night, complained of a severe pain in the back, which distressed him greatly, and lasted for a number of hours. This morning he feels decidedly better than he has done for a long time, moving more briskly and freely; the pulse can be felt, though feebly, in the left radial artery. The abnormal pulsation is stronger; the area of dulness increased; the clavicle further crowded up. Nov. 25th—Much the same as before. The pain in the back has occasionally troubled him, but he now refers his distress mainly to the left side, in the shoulder and under the shoulder blade. There is decided fulness, almost tumor, back of each clavicle, and loud respiratory murmur can be heard there. The natural depression at the top of the sternum is lost, and replaced by a decided swelling. At times, according to the family, now on one side, now on the other, a soft egg shaped swelling has appeared there. Over the dull space the heart's sounds are now heard, faint, distant, and metallic in their character; the pulse still felt in the left radial, though with difficulty. It is likewise felt in both carotids, though much deeper seated than usual. He yesterday had a terrible and long continued paroxysm of dyspnœa—he is much distressed by paroxysms of cough. Dec. 1st—Mr. H. has again had a terrible attack of pain. This time, however, it was altogether in the back and right side, extending from beneath the clavicle to the hypochondrium; he felt, he expressed himself, as if he were being torn by red hot pincers; the difficulty of swallowing is much aggravated; the pain in the back, too, is becoming more constant and troublesome. He has lost flesh greatly, has a pale, sallow, anxious look, and is gradually losing strength. The area of dulness has considerably increased, extending from the junction of the second right rib, with the sternum, to about half way between the sternum and edge of the axilla on the left side, or about three inches in perpendicular depth. Dec. 17—During the day he had been particularly bright, cheerful, and free from pain. Early in the evening he had a severe spell of coughing, attended with a feeling of impending suffocation; suddenly he exclaimed something had burst inside, put both his hands upon his abdomen, became deadly pale, and expired.

Post Mortem examination revealed the dilation, commencing at the left carotid—left subclavian obstructed. The aneurism lay upon the œsophagus, into which was a large, ragged opening. The stomach contained three pints of blood. The contents of the tumor were fluid—there was an entire absence of laminated fibrine, which circum-

stance accounted for the varying size of the mass from time to time, and the nervous phenomena were probably due to the stretching of the par vagum. The bodies of several of the vertebræ were absorbed.

Dr. Clark inquired if there were any atheromatous patches.

Dr. McCready replied that a few spots were observed.

Dr. Isaacs considered the symptoms explained in a remarkable degree by the pathological condition of the specimen.

Dr. Thomas F. Cock presented a specimen of *cancerous disease* of the *small intestines*, removed from a female patient twenty-three years of age, single, admitted into the New York Hospital on the 17th of December, 1855. She stated she had been subject to obstinate and frequent attacks of nausea and vomiting, with pain, resembling cramps, increased on pressure in the right iliac fossa. The first attack occurred in June last. Of late, the paroxysms have increased in number and severity. On admission, she was pale, emaciated, and cachectic; abdomen sunken, breath offensive, tongue moist, red, and furred, substance vomited green and abundant. Physical examination revealed the organs of the chest healthy; the entire trouble was referred to the abdomen. She continued comparatively comfortable for a month after admission, when (18th Jan., '56), at the morning visit, she was found in much distress, having suffered greatly during the night. Examining the abdomen, a tumor was found situated in the epigastric and umbilical regions, extending to both hypochondria, well defined, hard, painful to the touch, and resembling, in form, a distended stomach. On the right side, there seemed to be a smaller tumor, connected by membranes with the larger mass; also, there could be felt a body of greater density than the remainder of the tumor, movable, situated to the right of the main tumor, giving a sensation similar to the hard parts of the fœtus within its membranes, and between the two was a depression. The shape of the whole mass was semilunar, the concavity upward, greatest breadth near the centre, its margin (on the right) irregular, no fluctuation, its surface irregular and almost nodulated. It was conjectured that it might be the stomach, pushed below its natural position, and enlarged by carcinomatous growth. Treatment adopted was palliative and sustaining. The next day she had a copious evacuation of almost pure blood—about a pint; the day after, another. She died on Monday, the 20th January.

Post mortem examination. Externally, no evidence of a tumor. On opening the abdomen, marks of recent peritonitis observed. No tumor was found. The intestines were everywhere glued together by

old adhesions. The parts were so much disorganized that it was impossible to state particular portions of the intestines were diseased, other than to say the disorganization was confined to the small intestines. Commencing at a point where several small tumors existed, the intestines dilate, and below, for a space of eighteen inches, the gut was dark, soft, and permeated with small holes. Some of them were probably caused in removing the viscera, as the fluid in the abdominal cavity was similar to that found in the intestines themselves. Two feet below this it again changes, becoming more normal. The stomach was healthy. The little masses he considered of a cancerous nature.

Dr. T. M. Markoe presented a specimen of *cutaneous cancer*, removed from the back of a young woman, which commenced three years since, without any evident cause, in three small pimples. The absence of pain, its form, hardness, and appearance, induced him to consider it a variety of cancer.

Dr. Markoe next laid before the society a specimen of *luxation* of the *radius forwards* at the elbow, taken from a man about twenty-five years old, who entered the New York Hospital, some weeks ago, with a severe injury of the left elbow, received by a fall from a bridge down onto a railroad track, striking against the iron rail. When admitted, swelling had already taken place, and much obscured the diagnosis. The whole limb was deformed; a deformity, however, which was easier appreciated than described. On the anterior aspect of the elbow could be felt a long prominence, which moved on rotation of fore-arm, which motion produced abundant crepitus, apparently directly under the finger. A large lacerated wound existed on the posterior and outer aspect of the joint, from which numerous fragments—apparently from the side of the olecranon—were taken away. The injury was considered so serious—the joint being extensively opened behind—that but few attempts at reduction were made, and these unsuccessfully; it being a mere question of primary or secondary amputation. It was decided to leave the limb for secondary amputation, not overlooking the possibility of its being saved without operation. Hope of such a result was soon abandoned. The inflammation and suppuration following were so extensive and severe as very nearly to destroy him, and the arm was finally amputated, as the only means of saving his life. The diagnosis made by Dr. Markoe of the injury, at the time, was fracture of the neck of the radius, with displacement of shaft forward, as in luxation. There was undoubted fracture of the ulna lower down.

The *specimen* shows the head of the radius thrown forward upon the anterior surface of the humerus, and the ulna fractures three inches lower down. Now, on grasping the specimen, with the thumb on the head of the radius, the fingers behind embrace the portion of the ulna which is fractured. The crepitus thus transmitted was so clear and distinct, on rotating the forearm, as to lead to and explain the mistake made in the diagnosis.

Dr. J. T. Metcalfe presented an *aneurism* of the *aorta*, bursting into the *left bronchus*, removed from an inmate of Bellevue Hospital, aged twenty-four, admitted Dec. 18th, 1855.

Dr. Metcalfe then exhibited a *cast* of the *trachea*, obtained from a lying-in patient of Bellevue Hospital, attacked with laryngitis—the symptoms were so urgent as to demand the operation of laryngotomy. She died, partly from asthenia and partly from asphyxia. On inspection, false membrane was found behind the epiglottis, lining the whole interior of the larynx, and extending down to the fourth division of the bronchial tubes. The specimen is a complete cylindrical cast of the trachea.

Another Case of Membranous Croup in a Child five years old. Expectoration of an unusual cast of Trachea. Death.

Hannah Humes, aged five years, born in New York, was taken sick on the 27th September, with symptoms of *croup*. The mother, not supposing the child to be very ill, treated her herself; giving hot baths, several doses of castor oil, and an emetic dose of pulverized ipecac, which, however, did not produce vomiting. The child becoming worse, on the 30th September, a physician was called to see it, who found it with membranous croup, and, on examination of chest, detected pneumonia in both lungs; there was considerable dyspnœa coming on in paroxysms, pulse 110 and feeble, skin hot and dry, tongue slightly coated, bowels regularly moved.

Leeches ordered to the chest, to be followed by fomentations, a purgative of calomel and syrup ipecac, with tincture aconite rad. After the child had taken about half an ounce of the syrup ipecac, and about five drops of the aconite, she threw off this membrane, but continued to sink, and died on 1st October.

On inspection, the exudation is seen extending down to the fourth and fifth divisions of the bronchi.

Dr. Metcalfe also presented a similar instance in a girl thirteen years old, and a perfect *cast* of the *bronchial* tube, expectorated by a woman of fifty-three. She has been affected for four or five years with what might be termed *fibrous bronchitis*.

Dr. Clark suggested, that, in the last case, the casts were the result of local bronchial inflammation, due to the presence of tubercles. He had three times seen similar casts expectorated by persons afterwards presenting symptoms of tubercles.

Dr. Metcalfe observed, that, in 34 cases collected by *Dr. Peacock*, 20 entirely recovered ; and, as a general thing, they were not a consequence of tubercles.

Dr. Peaslee remarked that the specimens presented by *Dr. Metcalfe* were of great interest, since they show the same pathological condition of the air passages at very different periods of life—from infancy to over fifty years. In all these cases, inflammation of the lining membrane of the air passages had occurred, and a false membrane had been formed in consequence ; the disease being called “croup” in the first mentioned cases, and “fibrous bronchitis” in the last one. *Dr. Peaslee* does not believe there is anything *specific* in croup, whether pseudo-membranous or not so. He regards it as a mere *simple laryngitis* at first, becoming also a tracheitis, as it descends into the trachea ; and since it also often extends downwards into the bronchial tubes (as these specimens also demonstrate), it is then, of course, a *laryngo-tracheo-bronchitis*. Whether a false membrane is formed or not, in croup, depends upon other circumstances, and not upon the nature of the inflammation. If the plasma exuded upon the inflamed membrane be of good quality, and remain at rest and in perfect contact, it will become fibrillated (coagulated) into a false membrane ; in the opposite circumstances, the latter cannot be formed. In cases of laryngo-tracheitis, it is, therefore, far more likely to be formed in infants and young children, who have less power to expell the plasma, when first exuded, or soon after. In adults, for the same reason, in part, perhaps, females are more liable to the pseudo-membranous form of laryngo-tracheitis, or croup, than males are. *Dr. Peaslee* had before been himself acquainted with but three cases of croup in adults, and these were all in females. The last specimen shown by *Dr. Metcalfe*, was one of pseudo-membranous-bronchitis, and the others were of pseudo-membranous laryngo-tracheitis.

Another point of interest was suggested to *Dr. Peaslee*, by the fact, that the false membrane lining the larynx and trachea, was probably completely detached from the mucous membrane (if he was correctly informed) before death, and had shrunk somewhat, so as to obstruct the air tubes more than while in perfect contact. In all cases of croup with false membrane, *Dr. Peaslee* stated that the lat-

ter will become spontaneously detached, if the patients can be kept alive a sufficient time. For the new membrane is never vascular, and there is no vital connection between it and the mucous surface beneath.

Dr. Peaslee therefore thought the inference unavoidable, that a great object in the treatment of croup with false membrane should be, to sustain the patient's strength; and that the heroic treatment of this disease so often adopted is all wrong, at least after the disease is fairly developed, and the new membrane is already formed.*

Dr. S. C. Pointer presented the *stomach and intestines* of a patient who died from *poisoning by arsenic*.

Agnes Corbet, a beautiful young woman, 21 years of age, was admitted to Bellevue Hospital on the 16th of January, 1856. She professed to have some uterine disease, and at 6 P. M., soon after her admission, when seen by her medical attendant, Dr. Frothingham, she complained of nausea; her tongue was natural in appearance, and pulse slightly accelerated; she was ordered a soothing saline draught. At eight o'clock, P. M., during the temporary absence of the doctor, I was called to see her, and noted the following symptoms:—Her countenance was not indicative of suffering, pulse 126, and wanting in volume, respiration 25 per minute, tongue natural, considerable tenderness on firm pressure on the epigastrium, skin moist, and temperature good, feet a little cold. She had a burning pain in the stomach, cramps in the legs, and a sensation of cold over the whole body, together with frequent violent efforts to vomit, though nothing was discharged. On being questioned, she acknowledged that she was perfectly well up to 3 P. M., but beyond this did not seem communicative in regard to the history of her illness. While cross-questioning her, she suddenly half rose in bed, seized me by the collar, stared wildly in my face, and confessed that she had swallowed a teaspoonful of arsenic at 3 o'clock. Vomiting ensued almost immediately, and was incessant up to 8 o'clock. Up to this time there had been one alvine discharged, the character of which was not ascertained, and none subsequently occurred. There was a large quantity of dark brown turbid liquid by the bedside, which she had vomited, and which, on being tested immediately, gave the usual reaction of arsenic with the ammonio-nitrate of silver. In consequence of the copious vomiting which had already taken place, it was not thought advisable to use the stomach pump. A mixture of

* For Dr. Peaslee's views at length, of the Pathology and Treatment of Croup, see the AMERICAN MEDICAL MONTHLY for August and September, 1854.

equal parts of sweet oil and lime-water was administered, in doses of two ounces, every five minutes, whilst the hydrated sesquioxide of iron was in process of preparation. At 9 o'clock, she was restless ; pulse 130 and feeble, respiration 30, skin moist and cool, tongue natural, the burning pain at the epigastrium, chilliness and cramps in the legs increased, and urine suppressed. The iron was administered at short intervals, brandy and sesquicarbonate of ammonia injected into the rectum, and heat applied externally. She occasionally vomited small portions of the remedies administered, and the restlessness became more marked towards 10 o'clock. Soon after 12 M., she became insensible to external objects, but still appeared in great pain, as evinced by her groans. At 1 A. M., the pulse ceased at the wrist, respiration more labored and rapid, and at 3 o'clock (twelve hours after taking the poison) ceased entirely.

Nine hours after death, post mortem.—Rigor mortis well marked, nutrition good, slight ecchymosis at depending spots. The dura mater was somewhat congested. The brain was healthy, the lungs were in their natural state (except congestion of the large vessels), the right side of the heart was moderately distended, the left side contracted and empty. The liver appeared to have undergone some degree of fatty degeneration, but otherwise healthy. The stomach presented nothing unusual externally ; it contained about a quart of liquid closely resembling that vomited. Scattered here and there were numerous grayish white pulpy masses, resting upon portions of thickened and intensely injected mucous membrane. At one or two points near the pylorus the lining membrane was puckered, of a dark red color, and looking as though extravasation had taken place beneath it. The œsophagus was not affected, and the greater end of the stomach not so much as the lesser. The same evidences of inflammation were found in the duodenum and jejunum, the deep red color gradually growing paler towards the ileum, which presented very little evidence of disease, except near the ileo-cæcal valve, where the capillary vessels were seen beautifully injected. The same morbid appearances noticed in the duodenum were presented, perhaps more strikingly, in the cæcum, the redness fading on approaching the transverse colon, again assuming a deeper hue in the descending colon. The mucous membrane of the rectum exhibited narrow longitudinal bands of a fiery red color, having interposed narrower strips of pale and comparatively healthy tissue. At no point was there ulceration. Bladder empty. From the liquid vomited, and taken from the stomach on applying Reinseb's test, were obtained the characteristic octohe-

dral crystals of arseneous acid. Both the liquids and the white masses found in the stomach were tested at the Hospital, and, subsequently, by Professor Draper, by Marsh's methods, and the arsenical ring was deposited on pieces of glass. A white powder found in her pocket also proved to be arsenious acid.

Dr. Conant exhibited a specimen of necrosis of the tarsus, occurring in a patient nineteen years old. About fourteen months ago, the patient run a pin in the inferior part of the foot; the pin was removed, but still she suffered much pain, and the next day symptoms of tetanus appeared, which were, however, restrained by the administration of opium. An abscess formed, sometime after, and continued to discharge by two openings on the top of the foot. She suffered much, constitutionally, and it was concluded to remove the leg. The operation was performed. On examination, it was found that the bones were all ankylosed, the os-calcis being only diseased.

Dr. Ayres presented a specimen of *cancer* of the *colon*, which was obtained from a woman sixty-eight years old. Two and a-half years since, he was consulted for some slight gastric derangement. She had then a tumor in the right iliac fossa, which he attributed to impaction of the bowels. The fœces were removed, and still the tumor remained. She became emaciated and pale, the countenance assumed an icterode hue, had alternations of diarrhœa and constipation, and occasional hæmorrhage from bowels. A brother died of cancer of the brain.

On inspection, the caput coli is seen hard and firm, the intestines filled with fungous masses.

NEW YORK ACADEMY OF MEDICINE.

March 5. Dr. WILLARD PARKER, President, in the chair. The minutes of the last meeting were read and approved. Drs. M. G. Porter and P. O'Reilly were elected as resident members.

A letter was read from the venerable ex-President, Dr. John W. Francis, begging to be excused from giving the Academy a copy of his Valedictory Address, and requesting that it merely be placed on file.

A similar letter was presented from the President elect, in answer to a request from the Academy, to furnish a copy of his Inaugural Address for publication.

On motion, these requests were acceded to.

A letter was read from Dr. F. Campbell Stewart, dated Edinburgh, in which he expressed his warm interest in the Academy, and his gratification at hearing it spoken of as the prominent medical society in America, and promised a paper at his earliest convenience.

Dr. J. M. Smith read a letter from Dr. Samuel R. House, Resident Physician at Bangkok, Siam, stating that Prince Veromma Duang-Nang re tirt Sanik, of the Kingdom of Siam, desired him to thank the New York Academy of Medicine, for the high honor conferred on him in electing him as a Corresponding Fellow, and to say that he had received the diploma which had been forwarded to him by the Academy.

The Committee which was appointed to examine the voluntary essays on Cholera Infantum, declared themselves ready to report. The sealed envelope which accompanied the treatise which they deemed the most worthy of the prize of \$100 (which was offered by a few Fellows of the Academy), was opened, and James Stewart, M.D., of New York, was declared to be the successful competitor.

Dr. Charles E. Isaacs read an interesting and elaborate treatise on the Microscopic Anatomy of the Kidney, amply illustrated by twelve or thirteen original plates. On motion, it was referred to the section of Anatomy and Pathology. It will probably be published by the Academy.

A paper, addressed to the New York Academy of Medicine, by Prof. Simpson, of Edinburgh, on the Employment of Carbonic Acid Gas as a *Local Anæsthetic*, was read by the Recording Secretary. The local application of chloroform to mucous surfaces being inadmissible, Prof. Simpson has directed his attention to the use of carbonic acid gas as a substitute, and his experiments have been followed with flattering results. He asserts that, in the many distressing varieties of uterine affections, its action is almost incredible. Its use in diseases of the eye, ulcers of the tongue, throat, and cancerous affections of the breast; in neuralgia, burns, painful diseases of the lower intestines, &c., &c., has been fairly tested, and is recommended.

It is prepared by adding 3vj of crystallized tartaric acid to a solution of 3vij of bi-carb. sodæ in six or seven ounces of water, which are mixed in a glass bottle, having a flexible tube to convey the gas to the point of application.

Dr. Detmold begged leave to refer the Academy to its records, and it would find that, some three or four years since, he had remarked on the use of carbonic acid gas as an anæsthetic, and stated that he

believed it would eventually supersede chloroform. He offered some interesting observations on the different modes of preparing the gas, and gave his theory of its action on the system, and hoped that the subject would be properly brought before the Academy.

Dr. Griscom coincided with the remarks of the last speaker, and hoped the subject would be referred to a special committee.

Dr. John Watson said, some twenty years since, he had employed this gas in photophobia, with some good results.

Dr. Stone moved the subject be referred to the sections of Theory and Practice and Obstetrics, which motion was seconded and carried. The paper will probably be published.

Dr. Beadle moved that the thanks of the Academy be returned to Prof. Simpson, for his kindness in furnishing the Academy with his able and instructive paper.

The motion was seconded by *Dr. Detmold*, and carried unanimously.—Adjourned.

CHRONICLE OF MEDICAL PROGRESS.

A Paper on the Effects of Lead on the Heart. By JOHN W. CORSON, M.D., late Physician to Brooklyn City Hospital; Physician to the New York Dispensary. Reprint from the *New York Journal of Medicine*.

[This is the paper of which, as will be remembered, an abstract was read by its author, at the last meeting of the American Medical Association, at Philadelphia. As we understand from good authority, the special committee to whom it was referred, first decided to publish it in its proper place in the last year's Transactions, requesting the author to prepare it accordingly, and then, at the last moment, the majority reconsidered their decision, and excluded it, without giving any satisfactory explanation, and without ever reading a line of the full paper, as carefully prepared at their request. Indeed, only one of those who condemned the paper, ever read, or heard even, the brief abstract prepared for Philadelphia. The author very properly withdrew the paper, and published it without endorsement.]

We cannot but think that the very respectable gentlemen concerned committed a great error, for which they will be glad to atone. These delicate questions should be left to a large disinterested general committee of publication, who should have the moral courage to do their duty. Otherwise any rival professor, or member of a hostile clique, can make a motion for, and get himself appointed chairman,

or member, of a special committee to put a rival down, and his contributions to science.

As the publication of the paper in its present form is in fact a quiet appeal to medical public opinion, against the decision of the committee, we give it more space than we ordinarily should do, with so great a press of original matter. The whole paper is well worth reading, and would have done honor to the volume of Transactions. We quote, however, only the latter part of it.—ED.]

Symptoms.—Commencing with the most frequent, and their intimate companions, we may rapidly enumerate, italicising the most important. In the ten cases, *violet or purple streak of the gums*, the most constant and delicate test of lead contamination, either in disease or apparent health—was found in all; its occasional associate, blackened, encrusted teeth, three times; *dyspepsia*, nine; its frequent concomitants, nausea and constipation, each three; *partial paralysis*, seven; and general muscular debility, three;* *pains* in the joints, muscles, or head, seven; emaciation moderate, and not of the skinny cadaverous kind sometimes seen, twice; and lastly, lead jaundice of the regular dirty, tawny hue, and characteristic of the free absorption of lead by the lungs or stomach, once.

The Heart symptoms, as subjects of our special study, invite more attention.

The *weakened impulse* of the heart, characteristic as we have stated of either lead paralysis, or debility, was present more or less, nine times out of the ten. Just as with nice shades of difference in the pulse or sounds of the heart, it requires a little close attention and education of our senses to discriminate. A superficial or inexperienced observer might fail in its detection. We must seize a tranquil moment in the right position. The sight, hearing, and touch, must be delicately exercised. Variations in the visible movement, in rapidity, volume, sound, and strength, between morbidly slow or rapid *feeble tapping*, and the healthy *firm striking* of the heart must be carefully appreciated. Where lead colic prevails uncomplicated, with either paralysis or marked debility, the stimulus of pain seems generally to cause a *firm hard impulse*.

Faintness on Exertion, requires usually pointed questioning. The patient commonly complains of so many bad feelings, that he forgets this, unless made the object of his attention. We generally ask the easily understood question, if there is unusual faintness or oppression on going up stairs. It was recorded in seven of the above ten cases.

Syncope or actual fainting found in two of our cases, has been

* The following numbers represent the relative frequency of lead paralysis in different parts of the body, in a table of 102 cases, furnished by Taquerel: General paralysis of upper extremities, 5; paralysis of shoulder, 7; do. of the arm, 1; arm, forearm, wrist, and fingers, 4; forearm, wrist, and fingers, 14; wrist and fingers, 26; wrist, 10; fingers, 30; vocal muscles (aphonia, 16—stammering, 15), 31; intercostals, 2; dorsal, pectoral, and sterno-mastoid, 1; general paralysis of lower extremities, 1; paralysis of thigh, 5; of thigh, leg, feet, and toes, 2; foot and toes, 3; foot, 2; toes, 2.

aptly termed by Bouillaud, "momentary paralysis" of the heart.* From the frequency of sudden death in organic cardiac affections, the occurrence of a protracted fainting fit with distress at the heart, naturally excites much alarm. In one case above, it occurred during sleep.

Palpitation, so far as the patient is concerned, may be defined to be a painful sense of the action of the heart. And this may be from excited sensibility, mechanical enlargement, overaction, or even want of action. When the heart is depressed, or, so to speak, slightly paralyzed by lead, the sensation of faltering or fluttering naturally excites the attention of the sufferer, and if intelligent, he may possibly describe his feelings by the term "sinking palpitation." It was noted eight times out of ten. Cardiac oppression and slight dyspnoea, are generally associated with palpitation, though often not specially mentioned.

Night-Mare and Troubled Dreams, depending probably on the same causes during sleep, occurred twice.

Great Despondency and Fear of Sudden Death, noticed in three of the above cases, are natural characteristics of the more oppressive forms of heart disease. Contrasted with the buoyant hope of consumptives, the depression of cardiac affections is peculiar. When long existing, the sufferers are apt to become prematurely careworn or gray.

The Pulse, as Tanquerel has observed, in lead paralysis, is almost uniformly soft, compressible, and slow. It usually ranges from 50 to 65, showing that the heart which propels it is feeble. In five instances above, the pulse is mentioned as "weak." On the contrary, the stimulus, of pain, generally renders the pulse in simple lead colic, like the heart's impulse, both hard and full.

Causes.—This term is of course used in a liberal sense, referring to any accessory circumstances or agencies. Anything that prostrates the system seems to act as a predisposing cause. An intelligent superintendent of white-lead works in Brooklyn, informed the writer, that a few days of hard drinking with any of the workmen, were sure to be followed by colic or paralysis. It is doubtless thus, that successive shocks of lead colic are often finally succeeded by palsy. In two of the cases given, there was just previously intermittent fever; in one each bronchitis, cholera, protracted lead colic, arthralgia, or intemperance.

As conditions acting as exciting causes, in our list seven were workers in some form of lead, and three were affected from drinking Croton water, beer, or soda-water, through lead pipes.

We have before alluded, in passing, to many known or unsuspected methods of exposure to lead. In illustration, we may simply add the following list from the great work of Tanquerel des Planches: † "Of 101 subjects of lead paralysis, there were manufacturers of white lead, 31; do. of minium, 6; painters of buildings, 22; do. of carriages, 4; do. ornamental, 5; grinders of colors, 6; manufacturers of German cards, 1; potters, 5; refiners, 3; plumbers, 3;

* *Maladies du Cœur.*

† *Maladies de Plomb.*

type founders, 4 ; printers, 3 ; lapidaries, 3 ; cutters of crystals, 1 ; manufacturers of acetate of lead, 2 ; do. sulphate of lead, 1 ; do. chromate of lead, 1."

Treatment.—The chief remedies to counteract the depressing effects of lead may be divided into two classes. The first may be termed *disinfectants*, such as the iodide of potassium, and the various preparations of sulphur ; and these act by eliminating the poison from the system, and thus remove causes.

The second class—if we may coin a word easily understood—may be designated *antiparalytic*s, such as strychnia and electricity. These restore tone to the injured organs, and thus powerfully relieve effects.

Iodide of Potassium.—The "*disinfectant*" properties of this powerful antidote to the slow poison of lead and mercury have been mainly brought to light through the recent researches of M. Melsens of Paris. In an article inserted in this Journal some time since, we had occasion to publish some illustrative cases, with a brief review of the original memoir of this indefatigable observer.* M. Melsens, by well recognized facts, established two propositions : first, that *lead and mercury combine with the tissues of the body, and remain there for years*; and second, that *the Iodide of Potassium acts as a powerful solvent to the compounds of both lead and mercury thus fixed in the system, disengaging them and draining them off, so to speak, by the urine through the kidneys*. And he proved these principles by an array of chemical and clinical experiments. He took a large quantity of the iodide of potassium himself, and discovered it quickly, and almost exclusively, in his urine ; he gave it to a patient with mercurial palsy, and, on analyzing the urine, found the iodide of mercury ; he paralyzed and emaciated several dogs till nearly dead, by feeding them with the sulphate or carbonate of lead, and then restored them rapidly to health and flesh with the iodide of potassium ; and finally he cured, or greatly relieved, with the same remedy, three patients paralyzed by lead, and five by mercury. Experiments by others have since detected the iodide of lead in the urine of patients under this treatment for lead paralysis. Though M. Melsens gave the iodide of potassium without inconvenience in large doses for weeks and months, commencing with half a drachm and running up to a drachm and a half daily,—yet with this somewhat expensive article among the poor, we have succeeded very well in the more moderate dose of ten grains three times a-day for a few weeks or months. It is more cleanly and convenient, and less expensive, than sulphur baths. And if reduced to a single remedy, we believe none so efficacious.

Sulphur Baths.—Sulphur in every form is an antidote to lead. Sulphuric acid internally, the sulphates of magnesia and soda as purgatives, and sulphur as a laxative, have all been used. Natural sulphur springs have long been resorted to for bathing purposes, with great benefit, in lead affections. Our own of Virginia are excellent. Fortunately for the laboring classes, we have an admirable substitute highly recommended by Tanquerel, Dr. Alderson, and the best authorities.

* Cases testing the Iodide of Potassium as an Antidote, etc., September, 1853.

From four to six ounces of the sulphuret of potassium—an ordinary cheap article of commerce—may be dissolved in sufficient tepid water to make a comfortable bath for an adult. The patient may remain in this from twenty minutes to an hour, not using it so frequently as to produce too much debility, and sustaining the muscular strength in the meantime by strychnia, electricity, or other agents. In many cases a brown coating of the sulphuret of lead is formed on the skin, so that the poisonous metal is literally *soaked* out of the system. These baths, in moderation, are generally very grateful to the patient.

Antiparalytics.—In emergency we have adopted this term, to designate a subdivision of the class of tonics, noted for their special power in relieving paralysis; just as in medical language we have already accepted the terms antispasmodics or antiperiodics, from their power in arresting certain other symptoms of disease.

Nux Vomica, or Strychnia.—The antiparalytic power of the vomica nut, and its active principle strychnia, is too generally recognized to need much comment. Both, in large doses, are known to be powerful poisons, and both, in minute safe proportions, are valuable tonics. Linnæus long ago suggested nux vomica in dyspepsia. Alone or combined with small quantities of rhubarb or aloes, the extract or tincture of nux vomica, are valuable remedies in constipation. Both these symptoms prevail in lead disease. While the extract and tincture have appeared to us most useful in indigestion and constipation, the alkaloid strychnia is the most uniform in strength, and most reliable in the restoration of parts paralyzed. Yet all the preparations of nux vomica possess this power. On the moderate exhibition of strychnia, as we know, prickings and spasmodic twitchings, or slight convulsive movements of the limbs, occur, producing a faint imitation of the tetanus, which some have termed *strychnism*.

These stimulating and vivifying effects seem at length to centre on the weak, or paralyzed muscles, and often happily end in cure.

Strychnia, it will be recollected, should be commenced cautiously, in doses of about one-twentieth of a grain in pill, or, what is more convenient, in solution of a grain to the ounce, of one part acetic acid, and three of water, and gradually increased to a quarter, or even half a grain three times a-day. Tanquerel commenced with the sixth, and ran up to even two grains in the twenty-four hours, and with great success. Where preceded or combined with *disinfectant* treatment, we have never found more than half the first mentioned proportions necessary. Sometimes it has been applied externally as an ointment, or to a blistered surface. In dispensary practice, among a class of patients where mistakes are more likely to occur, we have invariably preferred the milder and safer, though perhaps slower, tincture of nux vomica. Weber found, that, on touching the heart of a dead frog with a solution of strychnia, he produced rigid *tonic contraction*. We have long preferred it as a tonic to any other remedy,

in most forms of debility of the heart, and especially in that from lead.

Electricity, or Galvanism, has been used with more or less success as a remedy for paralysis, for a century. Tanquerel cured eight patients with lead palsy, who persevered with it, out of fifteen. Dr. Golding Bird, as stated in his valuable paper, in the *Guy's Hospital Reports*, was also very successful with this agent in paralytic cases. It is particularly suited to those that are slight and limited.

A gently stimulating current, not too violent, is commonly passed from the point of origin to the termination of the particular nerves affected.

We may further remark, that we think no plan of treatment perfect, that does not combine, either together or in succession, both a disinfectant and an antiparalytic agent. The most convenient and efficacious we believe to be the iodide of potassium and nuxvomica, or strychnia. To these may be added good food, fresh air, and the flesh-brush. Sulphur baths and electricity are excellent auxiliaries if needed. To prevent a relapse, and, in fact, to prevent the disease altogether, nothing is so efficacious as that which a good house-wife once ranked next to the highest Christian virtue—*perfect cleanliness*. Free ventilation, frequent washing of the hands, face, and mouth, cleansing even the nails, wearing a compact linen suit, washed twice a week, and changed on leaving work, a light cap to protect the hair, and an early laxative in slight constipation—have protected the most exposed from an hour's suffering in many years.

In closing, we may remark, that although some authors have, in passing, alluded to palpitation and slow pulse, as present in isolated cases of lead paralysis, yet, in yielding to the evidence of our senses, and believing feeble impulse of the heart, and faintness on exertion, to be prevailing characteristics, we are forced beyond the beaten track. We urge not our opinions on others, but only ask fair consideration of our cases. One well established fact is worth a thousand visionary hypotheses. The vast domains of medicine are filled with the ruins of magnificent temples, reared by master minds, of which time has swept away beautiful columns and arches of theories, while their facts, as solid foundations, forever remain.

The evidence gathered in this discussion tends, as we believe, more or less, to establish the following conclusions :

1. That, allowing a due excess of force to carry on the embarrassed circulation in organic affections of the heart, it appears that certain symptoms in slow poisoning from lead, as well as in cardiac disease proper, typhus fever, and apparent death from catalepsy, or other causes, all tend to prove that, as a rule, the *impulse* may be termed the *pulse of the heart*, and that its more careful study than heretofore may aid us in the general diagnosis and treatment of disease.

2. That the symptoms of weakening of the heart in lead poisoning

are confined to cases of *partial paralysis, or general muscular debility*, accompanied usually by the purple streak of the gums, indigestion, constipation, pains in the head, muscles, or joints, and sometimes by lead jaundice ; and that, commencing and emphasizing with the most frequent, these heart symptoms from lead are : *weakened, or soft tapping impulse, faintness on unusual exertion*, feeble and generally slow pulse, palpitation, cardiac uneasiness, and to these are occasionally added, great despondency, or morbid fear of death ; suspicions of organic disease of the heart, fainting fits, nightmare, or troubled dreams.

3. That these depressing heart symptoms are absent in the earlier and more acute stage of lead poisoning, known as "*lead colic*," when, on the contrary, the stimulus of pain generally renders the impulse of the heart and the pulse at the wrist more firm than natural.

4. That skill in the detection of minute variations in the impulse of the heart, naturally requires a little careful attention and practice.

5. That these debilitating effects of lead most commonly occur in hearts previously sound, but they sometimes complicate existing organic cardiac disease from rheumatism or other causes.

6. That the agencies or causes of lead poisoning are very numerous, and often obscure, and that slighter cases, supposed to be ordinary dyspepsia, constipation, debility, or bilious colic, are frequently undetected.

7. That the above tests of the immediate influence of lead on the heart in disease, are further corroborated by experiments upon animals ; showing that, more mildly and slowly, *lead*, like digitalis, oil of tobacco, upas antiar, the woorara, and some other poisons, tends specially to paralyze the central organ of the circulation, and, like these, ultimately to produce what Bichat termed "*Death by the heart*."

8. That the remedies for the paralyzing influence of lead may be divided into two classes : *Disinfectants*, such as the iodide of potassium, and preparations of sulphur, and *Antiparalytics*, such as strychnia and electricity ; that the best treatment combines these two elements, and that on the whole, the most convenient and efficacious are free doses of the iodide of potassium, and minute proportions of strychnia or nux vomica.

9. That the above conclusions are founded mainly on the evidence of ten cases, principally among the badly nourished and improvident poor, finally resorting to public institutions ; and they may possibly be somewhat modified in future by more extended observation in private and more favorable practice.

✎ Several Editorial and other articles prepared for this number of the MONTHLY, are crowded out.

THE AMERICAN MEDICAL MONTHLY.

M A Y, 1 8 5 6.

ESSAYS, MONOGRAPHS, AND CASES

Obstetrical Statistics ; Analysis of One Thousand Four Hundred and Fifty-Two Cases. By E. R. PULLING, M.D., Resident Physician to the New York Lying-In Asylum.

From the records of the accouchements occurring at the New York Lying-In Asylum, I have selected 1,452 cases—each complete in all the details—presented in the following tables, which embody some of the results of their careful analysis.

The first seven tables embrace the single births, numbering 1,436. Table 1st exhibits the comparative frequency of the inception and termination of labor during each hour of the diurnal period. Tables 2, 3, 4, 5, 6, and 7, are constructed with reference to the following points:—1st. The duration of labor and of its second stage, as modified by the age of the patient; the number of the confinement; the presentation and position of the foetus. 2d. The influence exerted by each of the above causes on the vitality of the child.

The 8th table comprises the statistics of the twin cases, of which there were 16.

TABLE I.

Number of cases in which labor commenced, and number of confinements, respectively, during each of the twenty-four hours.

Hour.	Labor commenced.		Labor terminated.		Hour.	Labor commenced.		Labor terminated.	
	No. of cases.	Per cent.	No. of cases.	Per cent.		No. of cases.	Per cent.	No. of cases.	Per cent.
12 to 1 A. M.	92	6.40	52	3.62	12 to 1 P. M.	51	3.55	51	3.55
1 to 2	62	4.31	67	4.66	1 to 2	43	2.99	43	2.99
2 to 3	58	4.03	61	4.24	2 to 3	37	2.57	74	5.15
3 to 4	54	3.76	69	4.80	3 to 4	44	3.06	64	4.45
4 to 5	56	3.89	68	4.73	4 to 5	49	3.41	56	3.89
5 to 6	52	3.62	63	4.38	5 to 6	48	3.34	44	3.06
6 to 7	47	3.27	54	3.76	6 to 7	70	4.87	64	4.45
7 to 8	48	3.34	60	4.17	7 to 8	70	4.87	56	3.89
8 to 9	38	2.64	62	4.31	8 to 9	77	5.36	55	3.83
9 to 10	45	3.13	57	3.96	9 to 10	94	6.54	57	3.96
10 to 11	49	3.41	61	4.24	10 to 11	107	7.45	55	3.83
11 to 12	50	3.48	68	4.73	11 to 12	95	6.61	75	5.22

Labor commenced during the day (from 6 A. M. to 6 P. M.) in 549 cases, or 38.23 per cent. of the whole number.

Labor commenced during the night (from 6 P. M. to 6 A. M.) in 887 cases, or 61.77 per cent. of the whole number.

Labor terminated during the day (from 6 A. M. to 6 P. M.) in 694 cases, or 48.32 per cent. of the whole number.

Labor terminated during the night (from 6 P. M. to 6 A. M.) in 742 cases, or 51.67 per cent. of the whole number.

TABLE II.

Duration of Labor and Proportion of Children Stillborn.

Duration of Labor.	No. of cases.	Number Stillborn.	Percentage Stillborn.	Duration of Labor.	No. of cases.	Number stillborn.	Pr. ct. S'born.
Less than 1 hour.	29	2	6.89	15 to 20 hours.	121	11	9.09
1 hour.	38	1	3.63	20 to 25	75	7	9.33
2 hours.	84	0	0.00	25 to 30	48	8	16.66
3	78	0	0.00	30 to 40	43	11	25.58
4	75	0	0.00	40 to 50	24	3	12.50
5	72	3	4.16	50 to 60	9	3	33.33
6	123	2	1.62	60 to 70	7	3	42.85
7	79	1	1.26	70 to 80	7	4	57.14
8	100	5	5.00	80 to 90	2	1	50.00
9	66	3	4.54	90 to 100	1	0	00.00
10 to 15	351	16	4.55	Over 100	4	2	50.00
Total and average percentage,				- - -	1436	86	5.98

TABLE III.

Duration of the Second Stage of Labor and Proportion of Children Stillborn.

Duration of Second stage of Labor.	No. of cases.	No. of Children stillborn.	Percentage of Children stillborn.
Less than $\frac{1}{4}$ of an hour,	144	1	.77
From $\frac{1}{4}$ to $\frac{1}{2}$ an hour,	102	2	1.96
$\frac{1}{2}$ to 1 hour,	160	4	2.50
1 to 2 hours,	292	7	2.39
2 to 3	198	6	3.03
3 to 4	145	14	9.65
4 to 5	87	7	8.04
5 to 6	60	4	6.66
6 to 7	48	3	6.25
7 to 8	32	2	6.25
8 to 9	18	3	16.66
9 to 10	18	1	5.55
10 to 20	79	13	16.45
20 to 30	28	7	25.00
30 to 40	11	3	27.27
40 to 50	6	3	50.00
Over 50	8	6	75.00
Total and average percentage,	1436	86	5.98

The average duration of the second stage was 3 hours and 37 minutes. In about one-half the instances the duration of the second stage was less than $2\frac{1}{4}$ hours, the average being much increased by a few cases which were greatly prolonged.

TABLE IV.

Duration of the Second Stage of Labor, and Proportion of Stillborn Children in Vertex Cases

Duration of Second stage of Labor.	No. of cases.	No. of Children stillborn.	Percentage of Children stillborn.
Less than $\frac{1}{4}$ of an hour,	140	1	0.71
From $\frac{1}{4}$ to $\frac{1}{2}$ an hour,	98	1	1.02
$\frac{1}{2}$ to 1 hour,	159	2	1.25
1 to 2 hours,	283	4	1.41
2 to 3	187	4	2.13
3 to 4	138	6	4.34
4 to 5	85	5	5.88
5 to 6	59	3	5.08
6 to 7	45	2	4.44
7 to 8	29	2	6.89
8 to 9	17	1	5.88
9 to 10	17	1	5.88
10 to 20	73	9	12.32
20 to 30	28	6	21.42
30 to 40	9	2	22.22
40 to 50	6	3	50.00
Over 50	8	6	75.00
Total and average percentage,	1381	58	4.20

TABLE V.

Age of Mother, Average Duration of the Second Stage of Labor, and Proportion of Children Stillborn in Primiparient and in Multiparient Cases.

PRIMIPARÆ.

Age of Mother.	No. of Cases.	Average duration of second stage.		No. of Children stillborn.	Percentage of Children stillborn.
15 to 20 years,	62	4 hours and 20 minutes		4	6.45
20 to 25 "	341	3 "	40 "	18	5.27
25 to 30 "	215	6 "	34 "	23	10.69
30 to 35 "	39	6 "	20 "	5	12.82
35 to 40 "	11	6 "	50 "	2	18.18
40 to 45 "	2	10 "	30 "	0	0.00
Total, &c.	670	4 "	48 "	52	7.76

MULTIPARÆ.

Age of Mother.	No. of Cases.	Average duration of second stage.		No. of Children stillborn.	Percentage of Children stillborn.
15 to 20 years,	25	2 hours and 26 minutes		0	.00
20 to 25 "	166	2 "	20 "	6	3.61
25 to 30 "	322	2 "	43 "	16	4.81
30 to 35 "	155	2 "	35 "	9	5.80
35 to 40 "	76	2 "	33 "	2	2.63
40 to 45 "	12	2 "	30 "	1	8.33
Total, &c.	756	2 "	33 "	34	4.52

TOTAL.

Age of Mother.	No. of Cases.	Average duration of second stage.		No. of Children stillborn.	Percentage of Children stillborn.
15 to 20 years,	87	3 hours and 47 minutes		4	4.59
20 to 25 "	507	3 "	12 "	24	4.73
25 to 30 "	547	4 "	8 "	39	7.12
30 to 35 "	194	3 "	20 "	14	7.21
35 to 40 "	87	2 "	55 "	4	4.59
40 to 45 "	14	2 "	38 "	1	7.14
Total, &c.	1436	3 "	37 "	86	5.98

TABLE VI.

Comparative Duration of Labor, and of its Second Stage, with the Number of Stillborn Children in Primiparient and in Multiparient Cases.

No. of confinement.	No. of cases.	Average duration of Labor.		Average duration of second stage.		No. Children stillborn.	Percentage of Children stillborn.
		Hours.	Minutes.	Hours.	Minutes.		
1	670	15	47	4	48	52	7.76
2	316	11	32	2	48	13	4.10
3	194	10	38	2	11	9	4.63
4	93	8	40	2	42	5	5.37
5	62	10	14	2	12	2	3.22
6	38						
7	26						
8	13						
9	7						
10	9						
11	3						
12	2						
13	1						
16	1						
17	1— 101	9	43	2	28	5	4.95
Total, &c.	1436	13	4	3	37	86	5.98

TABLE VII.

Presentation, Position, Duration of Labor and of its Second Stage, and Proportion of Children Stillborn.

Presentation and Position.	No. of cases.	Percentage of whole number.	Average Duration of Labor.		Average Duration of 2d stage.		Number of Stillborn.	Percentage of Children Stillborn.
			Hours.	Minutes.	Hours.	Minutes.		
Vertex,								
Right occipito Ant. position,	*105	7.28	20	14	13	2	8	4.20
Left occipito-Anterior	1213	84.49	12	9	3	18	45	7.62
Right occipito Posterior	50	3.48	17	49	3	50	2	3.70
Left occipito Posterior	13	0.91	12	15	6	1	3	4.00
Face,								
Right and left mento Ant.	4	0.41					1	23.07
Right and left mento Post.	2						0	
Trunk,								
Right and left Lateral	7	0.48					1	16.66
Pelvis,								
Right and left sacro Ant.	19	1.65					6	85.71
Right and left sacro Post.	5						5	37.50
Compound,								
Vertex and Funis	7	1.23					4	66.66
Vertex and Hand	5						5	
Vertex Hand and Funis	3						2	
Vertex and Foot	2						2	
Placenta with Vertex	2						1	
Total, &c.	1436							

* These figures are probably too great to represent correctly the proportion of cases in which the occiput was primarily in relation with the right anterior segment of the pelvis. In some instances its position was probably not ascertained until it changed from the posterior to the anterior portion of the right side.

TABLE VIII.

Twin Cases.

No. case.	Duration of Labor.				Presentation.		—Sex.—		Condition.	
	To birth of		Interval.		1st child.	2d child.	1st child.	2d child.	1st child.	2d child.
	H.	M.	H.	M.						
1	20	0	2	0	vertex	vertex	male	male	living	living
2	18	0	2	0	vertex	feet	female	male	living	dead
3	2	0	0	15	vertex	breech	female	female	living	living
4	3	0	1	45	vertex	trunk	female	male	living	living
5	8	0	4	10	vertex	feet	female	female	living	living
6	5	20	0	20	vertex	breech	male	female	living	living
7	4	30	3	0	vertex	vertex	male	female	living	living
8	48	0	11	50	feet	vertex	female	female	dead	dead
9	9	0	29	0	feet	trunk	male	female	dead	living
10	7	0	0	5	vertex	vertex	female	male	living	living
11	5	0	0	5	vertex	feet	female	male	living	living
12	24	0	1	0	vertex	trunk	female	male	living	dead
13	10	0	0	30	breech	trunk	female	male	living	living
14	36	0	24	0	vertex	vertex	female	female	living	living
15	11	0	3	0	vertex	vertex	male	female	living	living
16	11	0	0	15	breech	breech	male	female	living	living

Recapitulation of Twin Cases.

Average duration of Labor, 19 hours and 4 minutes ; from commencement of Labor to birth of 1st child, 13 hours and 51 minutes ; interval, 5 hours and 12 minutes.

Presentation.—Vertex 18; pelvis 10; trunk 4. Both vertex, 5 cases ; both pelvis, 1 case ; 1st vertex, 2d pelvis, 5 cases ; 1st vertex, 2d trunk, 2 cases ; 1st pelvis, 2d vertex, 1 case ; 1st pelvis, 2d trunk, 2 cases.

Sex.—Males 13, females 19. Sex alike, 5 times ; sex unlike, 11 times. Both male, 1 case ; both female, 4 cases ; 1st male, 2d female, 5 cases ; 1st female, 2d male, 6 cases.

Condition of Children at Birth.—Living 27, dead 5. Percentage of stillborn, 15.62. Both living, 12 cases ; both dead, 1 case ; 1st living, 2d dead, 2 cases ; 1st dead, 2d living, 1 case.

Deformities and Their Remedy. By H. G. DAVIS, M.D.

(Continued from page 214.)

As the treatment of angular distortion of the spine, the result of ulceration of the vertebræ, is mechanical, so far as restoring or retaining the figure erect, it will be advisable to examine cursorily the form and points of support of the vertebræ as involved in this kind of surgical treatment. As far as our purpose is concerned, it will only be necessary to mention, the body, (the seat of the disease usually,) the oblique, and the spinous processes.

The body and the oblique processes afford the only perpendicular support ; the distortion is produced by the removal of the body of the vertebra by ulceration. As the line of perpendicular support falls between the body, and the articulation of the oblique processes, the weight of the trunk above, approximates the bodies of the two adjoining vertebræ, as the diseased one is removed by absorption ; the oblique processes now sustaining the greater portion of the weight, act as fulcrums, upon which the vertebra are tilted or rotated, thus the spinous processes above and below are separated from that of the diseased one, the articulation of the oblique processes being the centre of motion.

It is this form of the vertebra which enables us to make use of the whole column as a lever to restore it. By apparatus, we are enabled to throw the entire weight of the superincumbent body upon the oblique processes, and separate the bodies adjoining the diseased one from it, the contact of which were constantly irritating and producing absorption. By this mechanical arrangement, the spinal line is brought into its natural position. This replacement is advantageous, not only by restoring the figure, but by the removing of all mechanical irritation and pressure, it in many cases stops the disease at the same time, the process of reparation commencing upon the application of the apparatus. The apparatus should confine the parts, quite immoveably, in their normal position, and retain them there until recovery has taken place. Thus supported, I have seen a large majority of cases restored without the use of any constitutional treatment, with the exception of air, diet, and exercise. As the ul-

ceration seldom extends to the oblique processes, we are always enabled to use them to sustain the weight of the body above ; in some instances, however, they are involved, producing a lateral deviation, rendering the treatment complicated and difficult. In one case under my care, the connecting rib upon each side was separated from its attachment by the ulceration, and lay loose against the skin. As this case was of so grave a character, and illustrates the beneficial effects of mechanical treatment, I trust I shall be excused for relating it in this connection.

The patient, a middle-aged married lady, the mother of several children; was two days coming a distance of 20 miles; her condition was that of almost entire helplessness ; with one abscess open in the groin, and another pointing upon the side ; she was afflicted with severe neuralgia or sympathetic pains, had cough, diarrhoea, and loss of appetite ; in fact, a fatal result seemed inevitable. The application of the apparatus, by its support, and the restoration of the normal spinal line, relieved most of the distressing symptoms. She took, in addition, constitutional remedies, and the result was, that she recovered in less than a year, with a slight stoop in her figure, giving her the appearance of being a little round shouldered. This use of the oblique processes, as the point of perpendicular support, is so practicable, that I have seen one instance in which the patient (a little boy) kept himself in the attitude, by which the weight was thrown upon these processes, and finally recovered from the disease retaining a good figure. I have often accomplished it by my apparatus, not only bringing the figure erect, and retaining it there until restoration had taken place, but as I have observed, shortening materially the duration of the disease, and almost immediately allaying all those distressing symptoms so manifest in the countenance of this class of patients.

This mode of treatment relieves that interruption to the growth which serves so generally to render them dwarfs. There is perhaps no greater misfortune to a female than to be the subject of this disease. It seems not only to blight all her prospects, but to render her an object of pitiable observation.

Bishop, of London, in his work on deformities, says in substance, that there never is a restoration of lost osseous matter in this disease. If this be so, I cannot conceive how persons

that have been deformed and are brought erect, can ever remain so without the sustaining power of the apparatus ; yet such is the fact. There have been cases under my treatment, that, before the application of my apparatus, were much deformed, who were not only restored, but remained so, although it is years since they have worn any mechanical support. In these instances, if it were not bone, it was some deposit, that fulfilled all its indications. I can readily conceive, that there could be no deposit of bone where the two adjoining bodies of the vertebra were brought together and held by the weight of all the parts above the locality of the disease, as was the fact in all those cases where a cure was effected without the aid of apparatus, that would effectually retain the parts in their proper places. In these cases, to fill the original space with bone, the deposit would be under the necessity of raising the superimposed portion of the body, a power which it probably does not possess.

Unfortunately for science, so far as deciding what the deposit is in those cases where there has been an apparent perfect restoration, I have never been able to ascertain, as I have not known of a death among this class, or of a patient while under my treatment. Taking the testimony of others, as to the result of other modes of treatment, it goes far to prove the saving of life by the use of *proper* mechanical treatment. Paralysis, either partial or complete, not unfrequently results from this disease being left to itself. The deformity probably produces permanent pressure upon the spinal chord. Cases of complete paralysis of the lower extremities have frequently come under my observation, before ankylosis had fixed the parts, in all of which it was relieved entirely by the use of mechanical support that would restore the figure. Treatment for this purpose only, in such cases becomes highly important, that it may save the patient from being permanently a cripple.

This same principle of treatment (*viz.*, the separating of the diseased surfaces, and removing from them all irritation from pressure,) is equally applicable to disease of the hip-joint, as it is familiarly termed. This is undoubtedly a scrofulous affection of the same texture as that of the vertebra. My attention was first directed to it some years since by my friend, Dr. Miller, of Providence, R. I., while explaining to him my prin-

ciples of treatment in caries of the vertebra. Since that time, Dr. March, of Albany, has fully demonstrated its advantages. There is one point in my mode of making extension, which I think from the long experience I have had in its use, would be an improvement upon the general modes, and it is equally applicable in all extensions and counter-extensions, those of fractures as well as of contracted muscles, viz., the use of rubber, as an extending power. This will act steadily and gradually, without any violence and with very little suffering in comparison with permanent fixtures. When contracted muscle is to be overcome, it stealthily wearies it until it silently comes off conqueror.

I would earnestly recommend the profession to give their attention to the use of this article for the accomplishment of extension. What is termed a door-spring is one good form, another for lighter purposes is the shirred rubber.

The dressings should never be removed so as to allow the parts to regain their former position, as the process will be required to be gone over again and probably with nearly as much suffering as at first. It is the constant fatigue that accomplishes the object without suffering. There are often pains resembling neuralgia, particularly in bringing the limb down in cases of coxalgia. I have now a case under treatment in which the pain is located in the ankle of the well limb. In this disease care should be taken to support the limb properly its entire length, as pain may arise from this want of support in some part foreign to the locality of it.

It was not my intention to treat of the etiology of muscular distortions of the spine, yet I cannot refrain from a few remarks.

The locality of the curve, the side upon which the convexity exists, and their almost universal limit to the female sex, have to me a peculiar significance.

Lateral curvature is so seldom found among the males, as to excite surprise when a case presents itself. A peculiar feature as it appears among the males is, that in the large majority of cases, the convexity of the curve is towards the left side. This differs so entirely from the position of the curve in females, as to indicate a different origin, and most of the cases in males, I

have attributed to some mechanical difference in the bony structure, produced perhaps by pleurisy, or pneumonia, or some difficulty checking the growth of that side of the chest, thus producing an inequality of leverage in the ribs upon the two sides. Curvature in the male differs from that in the female, in the fact, that it does not exhibit the same primary features, even when upon the right side. The difference cannot well be described, yet it is sufficient to be recognizable by the expert. Perhaps some idea may be formed of the difference, by saying that it does not appear to involve so many of the muscles of the body; to be more the result of accident, in contradistinction to some all-pervading constitutional tendency, which is so marked usually when it has affected a female for any length of time. When a case affects the right side in a male, other marks of struma will be manifest, clearly indicating its scrofulous origin. The proportion of males to females afflicted with lateral curvature of the spine, is probably not more than one to three or five hundred, in fact the average is so small that a comparison can hardly be made.

The occurrence of this difficulty among females is so common, that some estimate one-fourth as having some deviation; when there is not a positive curvature of the spine, there is very frequently an enlargement of the shoulder, produced by the muscles connected with the scapula being more fully developed. Dressmakers, I believe, say that this inequality is almost universal among females in the higher walks of life, who are not very plethoric. These cases cannot be said to have a curvature of the spine, yet the fact has an important bearing upon what I suppose to be the cause of so general a prevalence of deviations of the spinal column in females, and it is for this purpose that it is introduced. It was observed that curvature in males did not appear to involve so great a number of the muscles, or to be, apparently, so decidedly a constitutional difficulty. In females the reverse holds true; we seldom meet with a case among the latter, that the system does not exhibit a strong prevailing tendency to this kind of deformity. A proof of this constitutional tendency is manifest in the results of the disease when left to itself. In the male it will be slow in its progress, and seem to advance in spite of the efforts of the system to coun-

teract it ; neither does it give rise to that amount of deformity that it often produces in the opposite sex. In perhaps a thousand cases examined by me occurring in females, probably three-quarters of them were worse than any of those among the males that have come under my observation. Many cases of this deformity occurring among females, have arrived at the ultimatum to which the body would admit ; this I have never seen in the male.

It would appear that females are not only in an incalculable degree more subject to the deformity, but that their systems seem to be a more congenial soil for it ; that it there luxuriates, and arrives at its highest state of perfection, producing all the fruits that an adapted soil, and I might add, the highest culture could effect. This culture gives the same results that cultivation does the husbandman ; by it *he* is enabled to improve upon the former products, and not only this, but to propagate this alteration ; so it is with this kind of deformity, constitutions are not only prepared to develope it, but the physical training and early habits of females serve as culture to nourish its growth. This fostering care has already rendered it hereditary ; mothers transmitting it in some instances to all of their daughters. In one instance a mother and her two daughters were under my care for this complaint, and another daughter, recently deceased, was also afflicted with it. In another instance a young lady under my care, had a mother and sister both affected. In these two families it included all the females. This tendency should alarm mothers, and urge them to make every effort in the physical training of their daughters while young, in order to counteract so painful results ; and I would enforce this consideration upon the minds of all parents, that they may take timely warning before the curvature manifests itself. Curvature in females is almost universally confined to the right side ; there is, however, a form of curvature that affects the lower dorsal and upper lumbar vertebra, that is located upon the left, and so far as my experience goes, never affecting the right side ; but this form of curvature, like curvature in males, never becomes or produces so great a deformity as the other, although it may give rise to serious disturbances of the health ; a slight deviation in this locality often affecting essentially the female. The question naturally

arises from the foregoing remarks—why are females so much more subject to curvature than males? also, why should it be so universally located upon the right side? As I have advanced the idea that it is of a strumous character, therefore all causes which serve to develope struma, would act as exciting causes to produce curvature, but not that I can conceive, has struma any tendency to affect one side more than the other, therefore we must look for some additional influence to show why it should affect the right side in preference to the other. This will be found in a want of *general* muscular exercise while young; in the lack of those exercises and sports that serve to develope and bring into use *equally* the *corresponding* muscles upon both halves of the body; movements that shall bring into play the muscles connected with the left arm, the scapula, and the ribs of the left side as actively as those of the right. It is this want of use of the *left* arm and the muscles connected with it, together with the position of body, and the necessary employment of muscles to sustain this position, that is necessary to render the two sides and muscles of the body equal. The strength of fibre and volume of a muscle is well known to be dependant (other things being equal,) upon the healthy exercise which it has; it then follows if the right arm, and the muscles of the body necessary to be brought into requisition as auxiliaries, are in frequent exercise, while the opposite arm and its auxiliary muscles are left in idleness, that the body will conform to that position which this difference in the tonicity or constant contractility of those muscles, would naturally place it. I do not recollect of a patient of mine, with a curve upon the right side, that was left-handed, yet if a case should be found, it would not perfectly disprove the theory I have advanced, for it is not uncommon for a person who is disposed to use the left hand in preference to the right, to perform all their labor, such as sewing, &c., with the right hand, and this might be sufficient to produce the result.

[To be concluded.]

The Duties of Coroners. By DAVID UHL, M.D.

The office of Coroner is so ancient that its origin is lost in the darkness of antiquity. That it existed in the time of King Alfred is clear, for that monarch punished with death a judge who had sentenced a man to suffer the extreme penalty, upon the Coroner's record, without allowing the delinquent liberty to traverse. At one time the functions of the Coroner were numerous and various, but his duties have been so far simplified, that (with a few exceptions,) practically they are confined to the holding of inquests on the bodies of persons who have died by violence, whether death has occurred accidentally or otherwise; to enquiring into all cases of sudden death which have happened *under circumstances of suspicion*; to apprehending persons charged with murder, or manslaughter; and finally to binding over prosecutors and witnesses according to law; to appear and give evidence in another court at the future trial of the accused. Cases of *sudden death* occasionally occur where it is difficult to decide whether it has or has not arisen from natural causes, and it is doubtful what construction ought to be put on these words of the statute.

The Coroners in this as well as other cities, have ever been disposed to give them their fullest signification, and to hold inquests on the bodies of all persons who die suddenly; but this liberal interpretation of the words, has led to the unnecessary multiplication of inquests, and been the means of gross and extravagant expenditure. Jervis says, "the dying suddenly is not to be understood of a fever, apoplexy, or other visitation of God, and Coroners ought not in such cases, or in any case to intrude themselves in private families" (which is frequently done in this city,) "for the purpose of instituting an inquiry, and unless there be reasonable grounds of suspicion that the party came to his death by violent or unnatural causes, there is no occasion for the interference of the Coroner." In consequence of the Coroner of Philadelphia desiring to extend his jurisdiction to all such cases, the Board of Managers of the Pennsylvania Hospital applied to Justice Binney, Esq., for his opinion, which (as the same difficulty has arisen in this city) we quote as follows:

"1. In regard to persons who have suffered recent injury

from violence, and are brought at once into the hospital, and die there suddenly, in the plain sense of that expression, I advise them that the Coroner has jurisdiction, and that they should give him notice of the death a reasonable time before interment.

"2. In regard to such as may be brought there, who have been wounded, that is to say, stabbed, or shot, or cut, or beaten by another, and shall afterwards die, I advise the hospital in like manner, to give the notice, and to submit to the Coroner's jurisdiction, without regard to the time that may elapse before death.

"3. But in regard to cases of accidental injury, broken limbs, burns, bruises, and the like, where the patient does not die suddenly, but lives days, or weeks, and then dies from fever, inflammation, or other morbid affections, caused by the injury, and where there is *no ground of reasonable suspicion* that the injury involved any person in criminality, I advise that the hospital is under no obligation to give notice of the death to the Coroner, and that the Coroner has no right to hold an inquest on the body.

"4. In cases of sudden death by apoplexy and the like among the patients in the house, there being no cause whatever to suspect violence and unnatural means, the Coroner has clearly no right to hold an inquest."

There is perhaps no department of municipal government more essential to the public safety than the office of Coroner ; but its duties appear to be imperfectly understood, if not entirely misconstrued, by the present as well as recent incumbents. The verdicts rendered by these officials have recently been very indefinite, such as "Found Drowned," "Death by Accident," "Death by the Visitation of God," "Died from Grief and Old Age," "Died from some Inhuman Means," and so on, which are merely verdicts * of fact. They have conducted their investigations as if their sole duty were to ascertain the

* One of the most amusing verdicts we have ever read, was recently rendered by a Coroner's Jury, in this city. A child had been smothered by its mother, who was notoriously intemperate, while in a fit of gross intoxication, and the verdict was as follows :—"The jury find that the child came to its death from suffocation by its mother lying upon it, while in a state of intoxication ; but in consequence of her previous good character, the jury acquit her of all blame, and advise her to keep temperate for the future."

kind of death, and they have nothing to do with the guilt or innocence of those accused of causing the death. This, however, is undoubtedly a very grave error ; it is their duty to enquire into every circumstance relating to the death of the deceased, whether it occurred through accident, or design, or through the gross ignorance or criminal negligence of any person.

It is the Coroner's duty to receive and endeavor to obtain evidence on all sides, and to compel the attendance of such witnesses as can give any information in the case under investigation. The inquest held upon the bodies of the victims of the recent accident at "Spuyten Duyvel Creek," on the "Hudson River Railroad," is an illustration of the irregular manner in which such investigations are usually conducted. The verdict of the jury was, that "The deceased came to their death by the bridge giving away in consequence of the accumulation of ice against it." No rigid enquiry was instituted whether the bridge was originally built sufficiently strong to withstand the pressure of ice, or whether the directors or any persons in authority were aware of its unsafe condition. It was the duty of the Coroner in that instance, to make careful enquiry regarding all these matters, and if the jury had then returned a verdict censuring any party, it was also his duty to arrest them on a charge of manslaughter, since no one can with impunity endanger the life of another, through gross ignorance or criminal negligence.

For instance, administering to a child a dangerous quantity of spirituous liquor, heedlessly or in brutal sport, is manslaughter, if death be caused thereby. Or if the driver of a carriage be racing with another carriage, and a person be consequently killed, it is manslaughter on the part of the reckless driver. In such cases, of almost daily occurrence in this city, a verdict of fact merely, is generally rendered ; or if the jury censure any person, he is seldom if ever arrested by the Coroner. It is a subject of frequent discussion whether the proceedings of the Coroner's Inquest are of the nature of those which are conducted in ordinary courts of justice, or whether from the peculiar nature of the enquiry, they are not more nearly allied to the investigations before a Grand Jury. "The former is a public tribunal, the latter a private one ; but as

the Coroner's enquiry frequently leads to accusation, it is advisable, if not necessary, occasionally to conduct it in secret, lest a suspected party, being informed of the proof arising against him, eludes justice by flight or by tampering with the witnesses." "Cases may also occur in which privacy is necessary for the sake of decency." "Even in cases where absolute secrecy is not required, the expulsion of particular individuals may be necessary and proper."

"Of this the Coroner is evidently the best prepared to judge, and it is also manifest that the possession of such a power is necessary to him for the due administration of justice; for it is impossible that the Coroner's Court can be conducted with the effect that justice demands, if the Coroner have not entire control over the persons present, and the power of admission and exclusion according to his own discretion." It has in fact been decided on several occasions, that the Coroner has the right to exclude, not only particular individuals, but the public generally. He may even forcibly expel a contumacious spectator from the room in which the inquest is held. Nevertheless, it is obvious that, as in most cases publicity assists the investigation of truth and the detection of guilt, this power ought not to be exercised without just cause and due consideration. Besides, it is not essential—even if requisite that the inquest should be *commenced* in secret—that it should be concluded in the same manner, as the Coroner has the undoubted right to arrest all suspected persons, and detain them until the jury either acquit or find a verdict against them. The indiscreet exercise by the Coroner of the power of holding a secret court has lately been exemplified in the abortion case, in Houston street, of this city. The investigation was commenced in secret, and concluded in secret; so that those who could have given information on the subject, were not aware that the Coroner had the case under consideration until the verdict was rendered. After eight days of this secret investigation, the affair remained an impenetrable mystery, and it was only by the publication of the proceedings in the daily papers, that the body of the woman was identified, and testimony obtained by a Justice of the Peace, which would undoubtedly have led to the conviction of the accused, had she not taken advantage of the delay to elude justice by flight.

Vaccination. Period of Protective Power. By J. O. BRONSON, M.D.

The following extract, on the protective power of vaccination, is from the Medical Journal of Bordeaux :

"The uncertainty which prevails on this point led M. Kuhn to undertake a series of experiments. The following are the results he obtained : Vaccine is protective against a second vaccinal inoculation, as well as against smallpox. Vaccinations performed on children, on the second, third, and fourth days after the first vaccination, all succeeded. Revaccinations performed on the fifth day succeeded in one half of the cases. Those attempted on the seventh to the tenth days all failed. It is evident, from these experiments, that vaccination does not commence to be preservative until four days after inoculation. When smallpox is epidemic, those who have been recently vaccinated are liable to the contagion until the fifth day. As smallpox has a period of incubation extending to three or four days, it may happen that a person infected on the fourth day of the vaccine eruption, may be attacked with smallpox at the very time when the vaccine vesicle is at its height. It is consequently not until the ninth day of the vaccine eruption that we can feel quite assured against the variolous infection."

During the smallpox epidemic of 1853 and '54, in this city, many interesting facts were collected by Dr. Jones and Dr. Bibbins, respectively House and District Physicians to the Demilt Dispensary. To them I am indebted for the subjoined facts, a portion of which go to substantiate the conclusions of M. Kuhn.

1. Ann H., aged five months, vaccinated on the 13th of January, 1854, with success, the pustules arriving at maturity three days in advance of variolous eruption, pyrexie symptoms appearing Jan. 20th.

2. J. H. D., aged five months, vaccinated on the 7th of January, 1854, with success. Variolous eruption appeared on the fifth day following.

3. Richard H. and Mary J. G., one aged six months and the other two years and nine months, vaccinated on the 7th of January, 1854. Variola was contracted and the vaccination pustules and variolous eruption progressed contemporaneously.

4. Susan K., aged five months, vaccinated on the 17th of

January, 1854. On the 21st following, variola appeared and progressed with the vaccination, neither influenced apparently by the other. Eight days after vaccination, virus was taken from the vaccine pustules, surrounded with the variolous pustules, and used extensively among other children in one of our large hospitals, for vaccination, with success. In no instance did variola or any other untoward event occur.

5. J. E. K., W., and J. E., children under three years, were vaccinated on the 13th of February, 1854, and on the eighth day following variola appeared.

6. M. Armstrong, aged one year, was vaccinated on the 10th of April, 1855. On the eighth day rubeola was fully developed. This last case I mention on account of its peculiarity.

Other cases might be quoted, but these are sufficient to demonstrate that vaccination does not assure the inoculated until certainly the fifth day. The first case quoted is highly favorable to the idea of M. Kuhn, for it will be seen that the child must have been inoculated four days before exposure to infection. The same will be noticed of case numbered 5, where eight days elapsed between inoculation and the variolous eruption. These facts are doubly interesting, as compared with the experiments of M. Kuhn, inasmuch as his conclusions are based upon vaccinations only, while the same conclusions are arrived at here, with exposure to and contraction of the infection itself. Case No. 4 goes strongly to influence us to believe that no disease is capable of transmission by means of vaccine lymph. The Society of Surgeons, in France, have declared that syphilis is not so transmissible, and if *it* is not, I think we may safely conclude—supported by the above quoted case—that vaccination may be performed with virus from any child, without fear of producing other than true and reliable effects.

On the Influence of a Sea Life and of Warm Countries on the Progress of Pulmonary Phthisis. By M. JULES ROCHARD, Second Surgeon in Chief of the Navy, at the port of Brest.

[From the *Gazette Hebdomadaire* we translate the following article, the results to which the author arrives differing widely from the general opinion. It includes the most important facts of a work which has recently received the prize of the Imperial Academy of Medicine, and which has been greatly praised by the Secretary. Only the results of the statistical tables are here given. The work will soon be published by Bailliere, and can be consulted by those who desire to study the subject more minutely. We hope to give the second part next month.—E. H. P.]

When one studies a disease which is set down for nearly a tenth of the general mortality, and whose victims are counted by thousands, when it is proposed to determine its frequency and its progress in given conditions, one must turn not to individuals but to masses. Statistics alone can furnish the solution of such a problem; but that they may have a real value it is necessary that they should be based upon collections of men subjected to regular control and constantly under the eye of a physician. To be able to draw general conclusions from them, it is not necessary to confine them to the limited observations of certain localities, but all latitudes should be embraced, and if possible every point of the globe of any importance. Such is the idea which has been my guide in the investigations, the results of which I am to make known.

I have to give my attention in the first place to a class of men whose whole life is passed in the triple condition of which I have to determine the influence, viz: constant change of place, incessant sea life, habitual sojourn in warm climates. Seamen, who form an important part of the population, are almost all born near the coast. Their life is, so to speak, only a long voyage, which commences on their exit from their cradle, and which terminates when a premature old age renders them unfit for their rough occupation. They habitually sojourn in the torrid zone. Every cruise leads them there, almost every sta-

tion keeps them there. Thus it was at least, before the war concentrated our naval forces in the Black Sea, and in the Baltic, and it is to a period prior to these events that my observations pertain. Aside from the vessels detailed to guard the fisheries on our own coasts and at Newfoundland, except some rare voyages of circumnavigation, almost the whole of our navy was then divided between the Mediterranean squadron and our stations in the Levant, on the coasts of Africa, of Indo-China, of the South Seas and Oceanica, of Brazil and La Plata, of Cayenne and the Antilles. The sailors ought then, according to the generally received idea, rarely to sink under pulmonary phthisis. It is in fact what every one repeats, but what no one has demonstrated. It is necessary in the commencement to clear up this first point of the question.

A moving body of men, scattered over the whole world, certainly does not so easily answer the purposes of the statistician as that which comprises a land army. But if the researches present more difficulty, they should lead to more correct results.

The army is renewed every seven years. His debt once paid, the soldier returns to his hearth, and it is impossible to know how those affections terminate which he has contracted in the service. The seaman once ranked belongs to the service all his life. The State does not lose sight of him a single instant. Subject to periodical levies, he comes from time to time to resume his place on the men-of-war, and to place himself under the charge of the naval surgeons. At the time of the levies, the infirm sailors, and those having internal affections, are subjected to the examination of the counsel of health of the ports, and receive, according to the case, dismissals or invalid discharges—copies of which remain in our archives. When they fall sick during the period of their service, if they are in France, they enter the hospitals—if they are on a cruise, they are treated either on board by the surgeon-major of their ship, whose circumstantial report is sent, on their return home, to the directors of the health service; or in the hospitals of our colonies, by physicians belonging to the same corps, whose reports are transmitted to the general inspection. In any case, they cannot escape our observation, by entering a civil hospital, as happens in the army in all small places. The documents

which concern them are thus brought together, and it is from these sources that I have drawn.

As my intention was to determine the frequency of phthisis in the navy, it was necessary to have a base for comparison. It was natural to look to the army for it, and I have availed myself of the justly esteemed work of M. Benoiston de Chateauneuf.* According to his calculations, of 17,209 deaths occurring from 1820 to 1826, 1260 were caused by phthisis, which gives a proportion of 1 to 13.6, and not of 1 to 5, as Casimir Broussais† and M. Levy‡ make it. M. Journée § gives for the Val-de-Grace Hospital a proportion which very nearly approaches the preceding, although a little under it. Of 7,509 admissions, from 1835 to 1837, there were 329 deaths, 27 of which were from phthisis, that is to say, 1 to 12.18. As the calculations of M. Benoiston de Chateauneuf were made for the whole army, I prefer to make them the point of departure. He does not give the proportion of deaths from phthisis to the whole army, but it is easy to calculate it from the number which he gives for the general mortality. The army loses 2.25 to 100. The deaths from phthisis are to the whole mortality as 1 to 13.6. It loses then annually by this disease 0.16 to 100; that is, one out of every 578 soldiers dies of phthisis. The author has justly remarked, that this number is large for a collection of picked men, subjected to strict discipline, and from whom all have been carefully discarded who gave signs of a bad constitution, or of feeble health. It is, however, as we shall see, much inferior to that of the seamen, who have undergone the same purification. In my investigations, I have followed the example of Benoiston de Chateauneuf, and compared the number of deaths from phthisis to the whole number of deaths.

The Register in which they are kept at the hospital at Brest, gives me the following result for the period included between the 1st of July, 1853, and the 1st of January, 1855.

* Essay on the mortality in the French infantry, 1833.

† Bulletin de l'Académie de Médecine, session of April 4, 1843.

‡ Traité d'hygiène publique et privée, t 1. p. 419.

§ Statistical researches concerning phthisis pulmon., in Italy. (Bull. de l'Acad. de Médecine, session of Feb. 12, 1839)

Phthisis among the seamen is to the general mortality as 24 is to 261, or as 1 to 9 ; a much higher proportion than that of the army, which is 13.6. It has, then, according to this table, nearly a third more victims in the navy than in the army, and yet this figure, high as it is, does not express the whole truth. Our sailors levied in the second maritime district, are not far from their birth-place ; almost all of them have a family there, and means of support ; and the most of them, when they approach the fatal termination, ask invalid discharges, and go home to die. These discharges are, then, a supplementary list to be added to that which I have just given. I have examined all the dismissals and invalid discharges given at the port of Brest, from the 1st of July, 1853, to the 1st of January, 1854. Now, laying aside entirely the dismissals, more than five-sixths of which are given for lesions, which we cannot call diseases, and taking account of invalid discharges only, the figures show that affections of the chest make more than one-third, 1 to 2.89 ; that chronic affections of the respiratory passages come to more than a quarter, 1 to 3.29 ; and phthisis with chronic bronchitis to more than one-fifth, 1 to 4.33 ; as to the latter, they are in the majority of cases disguised phthisis.

However, the correctness of a diagnosis, which is not confirmed by a post mortem, can always be questioned, and I have desired to complete my researches by this mode of investigation. I examined all the autopsies made at Brest in the course of the last fifteen years. All the subjects have not been opened, far from it—but as my calculations include 3,058 autopsies, this slight cause of error may be neglected. The omission has been made indiscriminately in all kinds of diseases, and perhaps more particularly in phthisis, which offers only lesions too common and too well known to excite much interest. That nothing may be arbitrary, I have considered as phthisical all individuals who have died of affections of the chest, and at whose autopsy softened tubercles or cavities have been found in the lungs. I have avoided, including those who, although they present these alterations, have evidently sunk under another disease.

It is shown by a table of autopsies, made at the Naval Medical School at Brest, from 1840 to 1854, that seamen have furnished the largest proportion among freemen. After them

come the workmen of the port, who belong to the most unfortunate classes of a city, which reckons one out of every six deaths to be from phthisis. In the third place come the galley guards, whose number is too small to draw any inferences from them. Then come the infantry and artillery of the navy ; and finally the land troops, to whom we can apply the remark I have made concerning the guards.

The convicts alone have gone beyond the figure for the seamen, but the population of the prisons is ravaged by scrofula, cancer, and tubercular affections. They offer the most striking example of the influence which bad hygienic conditions exercise over the development of those diseases, and the promptness with which the most robust organisms change, under the influence of these destructive causes. Leaving out of the number of deaths from different diseases, the 73 convicts who died of cholera, in 1849, we have for phthisis, compared with the whole number of deaths, the proportion of 1 to 3.86 ; a figure which goes beyond even that given by M. Chassinat, in his letter to the Academy of Medicine.*

I am limited, as can be seen, to the deaths. And I have said nothing of the proportion of phthisical patients to the whole number of sick, because the calculation always supposes an exactness in diagnosis, which can properly be questioned. I have not spoken of the able-bodied seamen in port, because it is an inconstant number, subject to such daily variations that it is impossible to determine the average, even approximately. The departure and arrival of vessels, the fitting of them out, and the levies, change it daily so as to defy all statistics.

The sailors who die at Brest, belong in but small proportion to the population of that city. They come there to die from all parts of the world ; but I have thought that the preceding results might be attributed to the cold, damp climate of that city. To avoid this objection, I have made the same researches in that one of our ports which contrasts most decidedly with Brest, by its position on the Mediterranean, by its climate, and by the nature of the cruises which especially devolve upon it. One of my friends† has been kind enough to examine these doc-

* Gazette Med. de Paris, 1843. No. 26, p. 420.

† M. Helet, Professor in the Naval Medical School of Toulon.

uments, and—since, at Toulon, the soldiers of the army are not treated in the Marine Hospital, as at Brest,—he applied to the Physician-in-chief of the Military Hospital, who permitted him to consult its registers. The table which he sent me, concerning the deaths occurring at the Military Hospital of Toulon, during the years 1853 and 1854, shows that chronic bronchitis and phthisis together, have been to the general mortality,

For Seamen,	as 1 to 5.91
“ Mariners,	as 1 to 4.93
“ the Army,	as 1 to 21.08
“ Workmen in the Arsenal,	as 1 to 3.62
“ Convicts,	as 1 to 5.09

I have intentionally separated, in these tables, the years 1853 and 1854, which give very different results, because, at the end of the latter, the city of Toulon was ravaged by the cholera, which has attacked no place with more violence, and which has considerably raised the number of deaths from other diseases than phthisis. Notwithstanding this diminution, the figures still speak distinctly enough. No doubt the difference will be remarked between the land troops and the different naval corps, although all have been subject to this final cause of mortality. Finally, it will be admitted that a short distance from Hyères and Nice, at Toulon, where the heat of Summer can rival that of Africa, and whose maritime population scarcely leaves the Mediterranean, phthisis makes among the seamen perhaps greater ravages than in the dull and stormy climate of Brittany.

Chronic affections of the respiratory passages have almost as large a portion as at Brest, in the number of invalid discharges. Phthisis, chronic bronchitis, and chronic affections of the respiratory passages, are to the whole number of invalid discharges granted at the port of Toulon in 1853 and 1854, in the following proportions :

For the Seamen,	1 to 5.31
“ Mariners,	1 to 2.59
“ Army,	1 to 5.44
“ Workmen in the Arsenal,	1 to 3.88

The proportion of phthisical men discharged in the different corps, is nearly the same as that of the deaths, and it is consid-

erable. As to the analysis of the autopsies, it is a labor which must be omitted when one cannot do it himself.

Among our naval stations there is one, Cherbourg, which has the credit of enjoying a kind of privilege, so far as phthisis is concerned. A simple assertion of Lepecq de la Cloture, has given it this reputation, and M. Boudin repeats it in his medical geology. It is to be ascertained, on the one hand, if it is a fact, and on the other, if the seamen share this immunity with the inhabitants of the city. Now M. Lefevre, at present director of the Health service, at the port of Brest, in a remarkable memoir communicated to the Academy of Medicine in 1845,* has cited a fact which goes to prove the contrary. Of 78 deaths occurring at the Marine Hospital at Cherbourg, from the first of January, 1844, to the first of May, 1845, there were *nine* of phthisis. which gives the proportion of 1 to 8.64.

To be entirely sure, I made the same investigations at Cherbourg as at Toulon. M. Petit, surgeon in the Navy, was kind enough to take on himself the trouble. He has sent me the following documents concerning the deaths occurring at the Marine Hospital of Cherbourg, in the different corps of the navy and the army, during the years 1850, 1851, 1852, 1853, and 1854:

Causes of Death.	Year of Death.					Totals.
	1850,	'51	'52	'53	'54.	
Various diseases (except wounds),	44	45	43	82	137	351
Phthisis pulmonalis,	24	13	17	14	17	85
Chronic Pleurisy,	3	2	2		2	9
Chronic Pulmonary Catarrh,		3				3
Totals,	71	63	62	96	156	448

It will be seen by these documents that chronic affections of the respiratory passages, are to all the internal affections united, as 1 is to 4.61, and that phthisis is as 1 to 5.27.

During these five years there have been granted by the Council of Health of Cherbourg, 176 invalid discharges for affections of the chest (25 for chronic bronchitis, 95 for chronic pulmonary catarrh, 43 for chronic pleurisy, and 13 for pulmonary tubercularization), and 43 dismissals for the same diseases, (38 for pulmonary tubercularization, 4 for chronic pulmonary catarrh, 1 for chronic pleurisy).

* On the influence of marshy places on the development of phthisis and typhoid fever at Rochefort (Bull. de l'Acad. de Médecine. t. x. p. 1041).

The frequency of affections of the chest, and especially of phthisis at Cherbourg, is then an undeniable fact. It is not astonishing, however, when one knows the climate of that city.

As to the seamen, who more particularly interest us, they are far from making an exception. According to a statement of the seamen dying at the Marine Hospital of Cherbourg, or discharged by the Council of Health of that port, from the 1st of January, 1850, to the 1st of January, 1855, chronic affections of the chest are put down for 1 to 3.89 of the number of deaths, for 1 to 5.27 of the dismissals, and for 1 to 4.85 of the invalid discharges. The proportion for phthisis to the number of deaths, is 1 to 4.48 ; to the number of dismissals, 1 to 2.84 ; and to the invalid discharges, a proportion difficult to determine, on account of the uncertainty which chronic bronchitis introduces into the calculation.

As to L'Orient and Rochefort, they do not count up but few seamen. We have not even a hospital in the former of these ports, and M. Lefevre, in the work I have quoted, shows that phthisis rages in the second with as much intensity as in others.

Finally, I come against still another objection. M. Andral (additions to the treatise on mediate auscultation, by Laënnec), in a note which contains, according to my idea, what has been most judiciously said on the question, which is the object of this memoir ; M. Andral, I say, accepting with all reserve the generally received opinion concerning the efficacy of sea life, adds, that if phthisis suspends its ravages on board ship, they recommence on landing, and that the marine hospitals contain as many phthisical patients as the military hospitals of the centre of France. I have just shown that they contain even more, and I will now prove that it is not to the arrival in France that this result is due ; that far from suspending its ravages on board ship, pulmonary tubercularization progresses faster there than on shore ; and that deaths from phthisis, far from being extremely rare at sea, are deplorably common. I have made a table from the reports deposited at the end of the voyage by the surgeon-majors of the ships in the archives of the Council of Health of Brest, dividing these reports according to stations. I have not brought into the account the ships whose documents have not had all desirable precision. I have preferred to make my cal-

culations with less imposing figures, but with positive exactness. I have also avoided including the numerous ships which, by the nature of their cruises, could not be referred to any particular station. By adding the results borrowed from the latter, to those which I have just obtained, I have the number of 103 phthysical patients dying at sea, and 62 sent back to France, from about 90 vessels of all kinds. I would also observe, that the men composing these crews, had all been subjected to an examination previous to their departure. The same table shows that there have been at all the stations, the following proportions:

Station.	Proportion of Deaths from Phthisis.	Proportion of those sent home who are phthysical.
1. Antilles,	1 to 11.00	1 to 6.06
2. South Seas, Oceanica, and New Zealand,	1 to 3.17	1 to 1.54
3. India and China,	1 to 7.07	1 to 22.00
4. Brazil and La Plata,	1 to 6.66	1 to 2.71
5. Western Coast of Africa,	1 to 24.66	1 to 9.00

For all these stations together, in 82 vessels, and 16,612 men, we have a total of 691 deaths, of which 91 were from phthisis, or 1 to 7.59, a proportion almost double that of the army, expressed by the proportion 1 to 13.6.

Finally, by comparing the deaths from phthisis, to the compliment of men, we find that there is one death from phthisis to 182 sailors, as a mean of two years, or 1 to 364 for one year, in place of 1 to 578, which the army gives. Phthisis has then in our navy, on the different stations, almost all of which are within the torrid zone, one-half more victims than in the army in garrison.

It seemed to me it would be interesting to compare these numbers with those which have been obtained in the English navy, and laid before the Admiralty, by Dr. Wilson (*Medical Gazette*, Oct. 2, 1841). Now the proportion of deaths from phthisis, to the general mortality, has been—1st, for the fleet of the West Indies and North America, as 1 to 10.31; 2d, for the South American fleet, as 1 to 5.95; 3d, for the fleet of the Cape of Good Hope and Western Coast of Africa, as 1 to 16.80; 4th, for the Mediterranean and Peninsular fleet, as 1 to 5.84.

These figures approach very nearly, as is seen, to those which we have obtained from the French navy. They follow the

same proportion in the different regions, and fully confirm what I have stated.

The result of all this is, that in the English as well as in the French navy, in our ports as well as at sea, at Toulon as at Brest, and as at Cherbourg, in India as at the Antilles, everywhere that we can follow him, everywhere that we can observe him, the seaman, in spite of the thousand dangers which assail him, in spite of the innumerable causes of death which surround him, and which snatch from phthisis a part of its victims, pays to this disease a larger tribute than the soldier. And if to defend a sea life, one should urge in the discussion the fatigues inseparable from his profession, I would answer that no one on board ship can escape the unfavorable influences which press upon him; that the sudden changes of temperature, and the constant dampness, affect all; that there is the same constant exposure to chills, by suddenly passing from the close atmosphere which is produced by crowding men in a ship, to the cool air of the deck. The officer shares with the sailor these constantly repeated causes of bronchitis and pleurisy. The surgeon and the commissary are not exempt from it, and yet they are kept by the nature of their duties in the lower part of the ship, and are never exposed like the other officers and the sailors, to the wind and the rain, during the long hours of their watch; in these respects, they are in the same conditions as a passenger, and yet phthisis hardly spares them. Out of 14 Health officers of the port of Brest, who died between the first of January, 1851, and the first of January, 1854, two sank under this disease, 1 to 7! Two others have been obliged to give up a sea life, from the same reason.

We obtain from all these facts a first practical deduction, and we proclaim it with all the force of conviction, based on sad experience. It is, that *young men who appear to be predisposed to pulmonary tubercularization, should not be allowed to become seamen.*

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M. D., Secretary.

February 13. *Dr. Alonzo Clark* exhibited a small vial of urine, which, he was informed, was passed in its present milky condition. From its appearance, he thought it to contain urate of ammonia, but on subjecting it to examination by the microscope, an immense number of extremely minute granules and a few oil globules were observed, and it was noticed that a large number of vibriones were present, formed unusually early, as the urine was kept in a cold room, and examined the morning after it was voided. The milkiness is caused by the little granular masses diffused throughout the fluid. In the other vial is a mixture, of urine two parts, and ether one part, and the milkiness is entirely removed by the ether. It is seen to have separated into two distinct layers; the upper one is transparent, the lower of an amber color and gelatinous consistence. A large amount of albumen is also present. The specimen was passed by a clerk in a liquor store, who was in the habit of freely drinking gin. Four or five days before the urine in the vial was passed, he is informed that it was clear and natural in appearance. His health has not suffered.

Dr. Van Buren presented, for *Dr. Gentry*, of Bellevue Hospital, a well marked and beautiful specimen of *encysted disease* of the kidneys, weighing fourteen ounces. When first removed, the surface of both was entirely covered with cysts, varying in size, some containing an ounce of fluid; in some of a yellow glairy consistence; in others, of grumous character. The microscope showed nothing peculiar except granular material and a few oil globules. On section, the integrity of the cortical and medullary tissue is seen to remain. The medullary structure was carefully examined, with a view of ascertaining if the cysts were due to a dilatation of the uriniferous tubuli. The inference derived from the examination seems not to warrant this conclusion.

Dr. Clark inquired if there was any dilatation of the investment of the malpighian bodies.

Dr. Van Buren replied that they were not examined.

Dr. Clark observed, that the opinion is entertained by some, that the disease depends on a dilatation of the uriniferous tubes, investing

and reflecting over the malpighian bodies, and that this is the seat of the degeneration, and the effusion occurs on the attacked surface.

Dr. Van Buren stated that it was not clearly ascertained if the sheath was so reflected.

Dr. Clark had himself injected the uriniferous tubes with a solution of indigo, and stained the structure, which looked as if it might be that investing membrane.

Dr. Geo. T. Elliot presented an *aneurism* of the *aorta*, removed from a woman, a patient of Bellevue Hospital, 30 years old. When received, she complained of pain over the sacrum, and a general debility; nothing else seemed to be present. Tonics were administered. Suddenly she was seized with a sharp pain over the heart and left shoulder, and great prostration. The house physician was summoned, and an examination discovered dulness over the left side, and absence of the respiratory murmur. In a few minutes she died.

Post mortem examination disclosed an aneurism of the *aorta*, which had discharged its contents into the left pleural cavity, where was found a pint and a half of clotted blood.

Dr. Elliot next presented a specimen of *sacculated aneurism* of the *aorta*, *hypertrophy* of *right auricle*, and three *fibrous tumors* in the *right ventricle*.

Dr. Van Buren next presented a specimen, rather of surgical than pathological interest, an *aneurismal sac* of the *internal iliac* artery, which was removed from a patient of St. Vincent's Hospital. At the time of admission, his system was much reduced and shattered by the use of opium and stimulants. On examination, an immense pulsating tumor was seen, situated both above and below Poupart's ligament. Over its most prominent part was a black eschar, which looked as if it might burst at any moment. On consultation, it was concluded that an attempt to tie the artery should be made. A large incision was made, and carefully pushing up the peritoneum, an artery was felt apparently healthy in structure, and supposed to be the external iliac. A ligature was passed around it, with the effect of controlling the pulsation. The next day he was doing well, but in three days active inflammation of the tumor ensued; he sank rapidly, and died on the fifth day.

Post mortem examination disclosed the ligature around the primitive iliac, an inch above its bifurcation into external and internal. A well-formed clot existed in the internal iliac. No peritonitis. Extensive suppuration had occurred in and around the sac.

Dr. Post presented the extremities of the bones of the elbow joint

removed by the operation of exsection for caries, from a boy, fourteen years old. The patient was progressing well, and he anticipated his having a serviceable limb.

Dr. Post again exhibited the specimen of *eburnation* of the *femur*, shown to the members two meetings since. He had macerated the bone, and it is observed that its inferior portion is in a carious condition; above that there is necrosis of the shaft, and within the medullary cavity is a sequestrum, which, though moveable, cannot be withdrawn, being retained by two small holes, each of them having a peg of bone, passing down to the sequestrum. The specimen was mainly interesting from the fact of its presenting anchylosis, caries, necrosis, and eburnation.

Dr. A. Clark exhibited a specimen of *tubercular disease* of the small *intestines*, acute *peritonitis*, &c.; also, a *section of waxy liver*. It being quite late, he would give an account of the cases at the next meeting.

March 12. *Dr. T. C. Finnell* presented two stomachs removed from persons of habitually intemperate habits—the larger one is from a man who had been freely drinking brandy for two weeks previous to death. He was found dead in his bed. On examination, it exhibits a dark, slate colored appearance, with much venous congestion of the mucous membrane. The other is from a gin drinker, who was also found dead in his room—the stomach resembles what is commonly recognized as the “rum stomach.”

The third one on the table was obtained from a man who committed suicide by taking cyanide of potassium. In three minutes he was insensible, and died in twelve minutes. It presents simply a fiery red appearance.

Dr. Finnell next presented a specimen of *hydatids* of liver, tubercles of lungs, miliary tubercles on mucous membrane of trachea, profuse hæmoptysis, sudden death.

John Fringsworth, aged 27 years, born in England, enjoyed good health until January, 1856, when he first complained of pain in the side, attended by cough. He continued to work daily until the evening of Saturday, March 8, when copious hæmoptysis occurred, in sufficient quantity to fill, in a few minutes, an ordinary washbowl. *Dr. Stephen Smith* being called, found him suffocating, from blood in the air passages; the respiration soon ceased, though the pulse could be felt at the radial artery for a short time after. The suddenness of his death led to the belief that an aneurism of the aorta had burst into the trachea.

The Autopsy, 36 hours after death, disclosed the lungs filled with tubercles ; the superior lobe of the right firmly adherent to the walls of the chest, consolidated, and containing several cavities. One of these was filled with blood. It is probable that from this one the hæmorrhage had its origin. The left lung contained a less amount of tubercular matter, its lower portion being perfectly healthy. The trachea was intensely congested, from the larynx to the bronchi, and contained, beneath the mucous membrane, miliary tubercles in abundance.

On examining the liver, a large acephalo cyst, or hydatid, was discovered in the anterior border of the right lobe, close to the umbilical fissure ; it measured two and a-half inches in diameter, and consisted of a thick fibrous sack, enclosing an albuminous membrane, very delicate in texture, and not adherent to the outer one. Both were separated from each other by an effusion from the inner wall of the fibrous sack, which appeared to be blood and bile mixed together. The echinococci usually met with in these cysts was not discovered, although submitted to a careful microscopical examination.

Dr. Lidell presented the right lung in the second stage of *pneumonia*, obtained from a patient, admitted into Bellevue Hospital, who attempted suicide, by cutting his throat. On examination, the pneumonia is seen to be confined to the upper lobe. He complained at no time of pain in the chest, and had no cough or expectoration.

Dr. D. S. Conant presented the heart, liver, and kidneys, removed from a patient, aged 31 years.

Born in Rhode Island, about fourteen years since he removed to Charleston, S. C. For twelve years he enjoyed good health, when he had an attack of yellow fever, and from that time has never been well. The skin has been yellow, and the general tone of the system very much depressed. He remained in this state until two months previous to death, when slight œdema of the lower extremities, and of the eyelids, occurred, followed by general anasarca, shortly after. The skin of the lower extremities became enormously distended. The scrotum also increased to the size of his head, and the whole integument of the lower extremities became of a dark purple color. The patient also had considerable ascites, which led to the supposition that the liver was the seat of the disease. He died on the 4th inst., apparently from exhaustion, his intellect being perfectly clear to the last.

Autopsy four hours after death. The lower extremities had become somewhat reduced in size, and the scrotum entirely evacuated by acupuncture.

The integument generally was of a dingy yellow color, much darker upon the lower extremities, with slight abrasions. The eyelids were not swollen, the pupils were equally dilated, without peculiarity.

The upper lobe of the left lung was found hepatized, with some slight pleuritic adhesions. The right lung was found completely adherent to the costal parietes. In the pericardium were some six ounces of serum. The descending aorta was partially lined with atheromatous deposit, and to a small extent it affected the aortic valves. The liver was in a cirrhotic state throughout. The capsule of Glisson being in the early stage of contraction.

The kidneys were found much congested, and Bright's disease strongly suspected.

Dr. C. next exhibited three *small tumors* for Dr. A. K. Gardner, taken from the brain of a female.

Autopsy six hours after death. Brain only examined, no marked external appearances, pupils equally dilated. Upon removing the calvarium, a slight point of adhesion was discovered upon the right side, under the parietal eminence, between the dura mater and skull, adhering to the dura mater beneath, and corresponding to the point, was a small tumor, about half the size of a pea, and upon the optic chiasma was another of the same kind of tumors half the size of the former, and attached to the sheath of the nerve. The hemispheres of the brain were apparently healthy, but upon dissecting down to the ventricles, the corpus striatum of the right side appeared entirely flattened, and a slight sense of fluctuation was discovered. A little dissection discovered the entire corpus disorganized by an abscess: The left corpus striatum appeared healthy externally—the same disorganization was apparently commencing internally. The right optic thalamus contained the largest of the three tumors, about the size of a peanut, the left optic thalamus contained the smallest of the three tumors, about the size of a large pea—and the medium-sized tumor was discovered in the pons varolii, low down upon the right side. Dr. Bronson made a microscopical examination of the tumors, which were composed of fat and a great number of slightly caudate cells.

Dr. Gardner had the professional care of the patient, and gave the history of her symptoms.

Dr. Buck presented a *tumor* removed from the orbit of a child five years old, of healthy constitution. It was first observed by the parents, two months ago, situated on the upper lid, and movable. Of late it has rapidly increased, though from the first unattended

with pain, nor was vision at all impaired. When first seen by Dr. Buck, the upper lid was distended and protruded so far as to conceal the eye; its surface was livid and of a purplish hue, and movable over the swellings, which was elastic in feeling, somewhat resembling fluctuation. It was thought advisable to remove the tumor, and it was accordingly done, after etherizing the patient, by dividing the lid perpendicularly, throughout its whole extent, above the brow. It was found loosely attached to its membranes, and no difficulty experienced in its removal, which was mainly accomplished by the handle of the knife. It seems fatty in consistence and appearance. He thought it remarkable from its locality and rapid growth.

Dr. Clark has examined the tumor with the microscope, and would state what he observed.

Dr. Clark found it to exhibit there distinct elements: the first and most abundant consisted of caudate corpuscles, the cells were elongated, and seemingly as if about to be formed into fibres; the cells packed together, their long axis laying in the same direction. Another portion consisted of small rounded granular cells; and these granules—nothing more. It might be classed under that division called recurrent fibroid-tumors. It would be interesting to follow the future progress of the case, and he hoped Dr. Buck would again report to the Society respecting it.

Dr. Wm. H. Van Buren exhibited a specimen of fracture of the skull, occasioned by a blow, involving a rupture of the middle meningeal artery, disorganization of the brain, with production of pus. (No history given.)

Dr. A. Clark presented a specimen of *cancerous disease* (melanotic variety) of the *liver*, very similar to one brought to the notice of the Society, about a year since, by Dr. Sayre, though not so large, this weighing some 16 or 18 pounds, while the one shown by Dr. S. weighed 23 pounds. The specimen was sent to him by Dr. John Turner, of Kings County Hospital, who writes that little is known of the history of the case, and the patient stated, that about a year since he first experienced difficulty of breathing. Four months ago he was attacked with pain in the right side, for which he was cupped, &c. The left eye was affected at the same time, and sight was soon lost. The liver rapidly increased in size, and after admission to the hospital, his limbs became anasarious, bowels loose, assumed the cancerous cachectic appearance, and soon sank.

The *autopsy* revealed the liver everywhere covered with melanotic deposits of various sizes. The heart is also dotted over with minute

spots of black cancer—the lungs and kidneys also were dotted with a similar substance.

Dr. J. Foster Jenkins presented for *Dr. E. H. Parker*, a specimen of the simple perforating ulcer of the stomach, situated in the upper anterior portion of the organ, near its lesser curvature. It was on the mucous surface about one-half inch in diameter, and nearly circular. On the peritoneal surface it was oval, its diameters being one-quarter and one-eighth of an inch. Its appearances were those usual to this pathological condition. The following history, meager as it is, is all that could be obtained by the Coroner called to make the investigation into the cause of death :

The subject was an Irish woman, about 35 years old, who died, March 8th—the autopsy being made 26 hours after death. Since the birth of her last child, now 6 months old, she had not felt entirely well. On the 4th of March, she complained of a “pain inside,” but kept about the house till the 7th, when she went to bed with “severe cramps” over the whole abdomen, and extreme mental anxiety about not passing urine, of which it is alleged there was none for the last day or two. The cramps increased with “choking and smothering,” (as the witnesses said) until death, which occurred at half-past 11 o’clock, the next morning. During the last 24 hours, she drank, according to her husband’s statement, about 2 water pails full of tea. About six quarts of fluid were found in the peritoneal sac, made up of fluids taken as drink, serum, and half a pint of pus. Evidence of extensive acute inflammation existed throughout the whole peritoneum. The intestines were largely distended with flatus. The bladder was empty ; the liver of a very light color. The stomach was about one-third full of ingesta, as castor oil, food, &c. Besides some old and firm pleuritic adhesions, the other organs were healthy.

Dr. Livingston presented a specimen of cirrhosis, with the following history :

Cirrhosis—peritonitis.—*Hugh McMuller*, aged 43, carpenter by trade, regular and temperate in his habits, consulted me, about the 1st of January, for an uneasiness he felt in the epigastrium. He raised large quantities of wind, his appetite was not so good as usual, and food seemed to distress him some hours after eating. About this time, he experienced a swelling in the epigastrium, which was sore under pressure, and made it difficult for him to stoop forward. In the course of a couple of weeks, he was forced to abandon his work, solely on account of the increasing difficulty of stooping. The swelling increasing all the time. His bowels acted regularly all the

time, and, I may here remark, they have continued to move regularly every day up to his death.

His pulse was regular, respiration good, countenance rather sal-low, but not jaundiced. He now began to vomit more or less every day. Only certain articles of diet would lie upon his stomach.

About the 1st of February, fluctuation was distinct in the upper regions of the abdomen. He now experienced tenderness over the region of the liver, but pain was nowhere else. He was quite dis-spirited and desponding.

The urine was very scanty, and deposited a thick sediment, but became clear upon adding nitric acid, and also by heat.

Being now pressed for an opinion by his friends, I was compelled to give an unfavorable prognosis, and solicited the counsel of Prof. W. Parker.

Dr. Parker saw him Feb. 8, and, after examining the patient, en-dorsed my diagnosis of hepatic dropsy. He thought there was too much tenderness of the region of liver to be scirrhus, and that he would die within two months.

From this time to his death very little change took place in his appearance or feeling. The abdomen increased somewhat, the appe-tite poor, vomiting almost every day, no particular pain, but general uneasiness.

March 11th. He got up about 11 A. M., put his pants on him-self, and sat up for some hours. About 6½ P. M., he walked to the bedroom and sat down upon the edge of the bed. His son was standing by to assist him ; his wife just left the room a minute, when the son screamed, and, rushing to his assistance, she found him thrown back upon the bed, his feet upon the floor, and quite dead.

Post mortem, March 12, 1856, 17 hours after death, 12 o'clock, M. *Rigor mortis* well marked. No discoloration upon the surface of the body, save around the left ear. Emaciation not very marked. Abdomen much distended, particularly in the region of the epigastri-um. Introduced a trochar into the cavity on left side, about midway between umbilicus and spinous process of ileum, from which flowed about two quarts of light, straw-colored serum (which almost entirely coagulated by heat). The abdomen, as now felt gave the impres-sion of a very, solid tumor, filling a large portion of its cavity.

Upon opening into the cavity, the peritoneum was found to be very much *thickened* throughout its whole extent. The intestines were bound together, so as to be scarcely separable. The mesentery so thickened and firm as to feel quite like a multilobular fibrous tumor,

and at once explained the cause of the sensation experienced upon handling the surface of the abdomen.

The abdominal cavity was divided into many cyst-like compartments, by means of firm adhesions, all of which contained fluid, differing but slightly from that first drawn off. A sort of honey-comb arrangement, occupying a space between the stomach and the diaphragm, contained a thin, jelly-like substance, of a deep amber color, not unlike that found in ovarian dropsy. The whole amount of fluid found in this cavity was about twenty-four pints.

The stomach was large and empty ; otherwise healthy in appearance. The liver, spleen, pancreas, and kidneys were removed for examination.

Upon opening the thorax, the eighth pleural cavity was found to contain about two quarts of serum, similar in appearance to that found in the cavity of the abdomen. The right lung was apparently healthy.

The pericardium contained full a pint and a-half of serum, and extended up to the apex of the left lung, the superior border of the clavicle. The pericardium was much thickened, as also the right pleura. The left lung was not larger than a small sized fist, and was so thoroughly glued to the pleura costalis that it could not be separated without lacerating the substance of the lung. The heart was removed for inspection.

Dr. Agnew desired in the presence of a *staphylomatous* eye, recently extirpated, to call the attention of the Society to certain points in the pathology of ophthalmia, which would seem to justify the more frequent practice of extirpation. If it is true that inflammation in one eye may induce or maintain disease in its fellow, and that, moreover, the stump left after sinking an eye may, by taking on morbid action, excite inflammation for destructive tendency in the remaining eye—then why not remove a diseased and sightless globe, or an inflamed stump, with a view of stopping or curing secondary changes in the fellow eye. But as *Mr. Critchett's* method of extirpating, has been proved to be without risk ; why not extirpate a *staphylomatous* globe instead of endeavoring to sink it, provided it can be proved that the coalescence of the muscles—which are cut off in his method close to their sclerotic implantation—furnishes a movable support for an artificial eye. Having seen an artificial eye in a patient upon whom *Mr. Critchett* had performed his operation, I can testify to its usefulness and deception. By this way may we not preclude the chances of a diseased stump—avoiding the annoying and not unfre-

quently dangerous primary effects—as hæmorrhage after cutting off a staphylomatous cornea, and the risks during the suppurative process of sympathetic translation, etc.

He desired to call the attention of the Society to Mr. Critchett's valuable paper, in the November number of the *London Lancet*, and would desire to elicit from members, facts and opinions bearing upon the point—for if the results gathered in Mr. Critchett's paper are true—and he is a gentleman of sound judgment and undoubted veracity—it is a question of vital importance to the ophthalmic surgeon.

March 26. *Dr. Alonzo Clark* exhibited a specimen of *serous cysts* of the *kidney*, removed from a patient affected with pleurisy, accompanied with effusion, on the right side of the chest, but without pain. From January to March 4th, he continued to attend to his business, though at times he suffered from a feeling of exhaustion, and from attacks of paroxysmal dyspnœa. From the 4th to the 14th, blisters and diuretics were administered without effect. At this time slight œdema of the eyelids and feet was observed. The urine was tested, and found albuminous. The microscope revealed cysts abundant, with adhering cells, some of them fatty, and some markedly granular.

In consultation it was deemed advisable to puncture the chest, (as the dyspnœa was so urgent) and evacuate the fluid. The operation was performed with Wymans' apparatus (minute canula and pump). He experienced much relief, and immediately laid down and slept for four hours, which he could not do for two days previous to the operation, when he was wakened by a paroxysm of dyspnœa. The next day, at 10 o'clock, he was easy and comfortable, and remained so for 24 hours, when the dyspnœa again returned, and continued for 24 hours, when he died.*

Post mortem examination revealed but a small amount of fluid in the right chest, recent lymph, on the side tapped—an old patch of inflammation on the pericardium—recent lymph over peritoneal surface, and marks of old peritonitis. Nothing else of note observed except a number of serous cysts scattered over the *kidneys*; their surfaces covered over with white spots, which he thought evinced the highest

* The dyspnœa was of a peculiar sort, not such as is produced by mechanical obstruction, either in the air-passages or thoracic cavities; but seemed as if the involuntary respiratory influence had ceased, and respiration must be performed as an act of volition. He would take several full, rapid inspirations in succession, then the breathing would grow less and less deep, till it seemed almost to cease; again the deep inspirations, succeeded as before by breathing more and more feeble.

degree of fatty degeneration—the whole organ itself is in a state of fibrous degeneration ; about one-half of the malpighian bodies were shrunk to one-third their natural size, and invested by a thick tunic.

Now, as to the source of these serous cysts, he thought the inquiry interesting. These kidneys, observed Dr. Clark, present no perceptible dilatation of the investment of the malpighian bodies, on the contrary, many of these bodies are shrunk and invested with a fibrous tunic, as said above, their internal organization being no longer recognizable—nor was there to be found any closure or obstruction in the uriniferous ducts ; no irregular enlargements or other change, except what is usually found in fibrous disease or degeneration of the kidney. The epithelial lining of these tubes had become, in some portions, fatty, in some, granular, but none of the cells enlarged or changed so as to give any color to the opinion, that serous cysts are produced by an hypertrophy of these bodies. Instead of any of these changes, and perhaps furnishing a key to the real origin of serous cysts, *cells*, of a kind not usually found in the renal tissue, were discovered in these organs, in great abundance—these cells are deposited in the stroma of the kidney, between and outside the uriniferous ducts ; these cells were all nucleated, with transparent walls, containing some granules attached to the walls, and varying in size from $\frac{1}{1000}$ to $\frac{2}{1000}$ of an inch in diameter, irregularly distributed over the kidney, and disposed to form in clusters.

The connection between these microscopic bodies and serous cysts, so abundant in these kidneys, is not established by the observation of a certain and regular size from one to the other, but the existence of both in the same organs leads to the conjecture, that the former may be the origin of the latter. (The facts will hereafter be investigated, and a further report printed.)

Dr. T. M. Markoe presented a specimen of *sub-ungual-exostosis*, removed from a young man 25 years old, which made its appearance five months since, as a wart, growing under the nail of the big-toe, attended by tenderness. It had continued three months, when its increasing size and tenderness induced the patient to seek relief, and *Dr. M.* was consulted, who found the integument not very tender, and this warty tumor growing out from under the nail, attached by a deep base to the phalanx. *Liquor potassæ*, so efficacious in removing the common soft corn, was applied, giving comparative comfort for a time. However, the tumor again increased, and the pain became so extreme, that he advised amputation of the toe. He removed it,

and the tumor is here shown, extending from the extremity of the toe to the base of the phalanx.

The disease is described by Dupuytren ; and in Stanley's work on diseases of the bone, a full account may be found.

Dr. Detmold had observed two instances of this disease—he scraped it off, but the growth reappeared. He then nipped it off with the forceps, first dividing the under surface of the toe, down to the bone, leaving the nail. It had not returned, now some years since.

Dr. J. O. Stone presented a specimen of *imperforate anus*, occurring in an infant two days old. When called, he was vomiting a greenish matter. The probe, on being introduced, passed up one inch, where it encountered a septum. Fluctuation being apparent, he perforated with a bistoury. Meconium escaped, and there also was considerable hæmorrhage, so much as to render plugging with strips of linen necessary. He died the next day.

Post mortem examination showed the presence of 2 or 3 ounces of blood in the peritoneal cavity—a laceration, at the junction of the gut with the septum, opening into the abdomen.

Dr. Garrish had a similar case, where the septum was about one inch from the verge of the anus—he punctured with a trochar—bougies were introduced for three months—the patient is now nine months old, and in perfect health.

Dr. Stone then related a case of sudden death resulting from pulmonary apoplexy, but presented no specimen.

Dr. Isaacs exhibited for Dr. Wm. F. Osborne, a perfect cast of the trachea and bronchi, thrown off by a child laboring under croup, and upon whom tracheotomy was performed—the specimen was passed through the artificial opening—the child died.

Dr. Finnell presented the *stomach* and *liver* removed from a man, who suddenly died yesterday. He had been sick for several years.

Autopsy. The stomach was found distended with fluid of a fiery red color ; and liver, in a state of cirrhosis. In cases of cirrhosis previously presented by him, vomiting of blood was a prominent symptom, but in this instance there had been no hæmatemesis at any time.

Dr. F. then presented a specimen of *rupture* of the *ileum*, occurring in a boy 7 years of age, who fell a distance of 10 feet, from a building, bringing with him a large, heavy stone, which fell across his body in front. In the evening he was comfortable—the next day he had much pain in the abdomen—he died on the third day.

The autopsy disclosed no external marks of violence. Evidences of peritonitis were seen, and a rupture of the ileum.

Dr. F. then exhibited the *fragments* of the *skull* of a man, who (in a fit of insanity) shot himself with a pistol. The ball entered the right temple, passed obliquely across, fracturing the bone on the opposite side. The ball rebounded in its own track about two inches. He lived about fifteen minutes.

Dr. O'Rourke presented, as of rare occurrence, a specimen of *fatty degeneration* of the *liver*, removed from a child 2 years and 8 months old, who died of tubercular meningitis.

Dr. Louis Bäuer presented a specimen of *fracture* of the *spine*, and gave the following history :

About seven months ago, a little girl, of slender and delicate appearance, aged three years, was entrusted to his care. It appeared, from the statements of her parents, that the patient had previously enjoyed good health, and had recently fallen upon the pavement, injuring her back, and immediately after complained of pain in the spine. On examination, no lesion could be detected. The skin was entire ; no displacement of vertebræ nor crepitus could be discerned. There was, however, a moderate degree of tenderness at about the middle of the thoracic portion of the spine, with the least possible projection of the spinous process of the seventh thoracic vertebra ; also, a slight anterior incurvation of the cervical portion, causing an equivolent reclination of the head. While moving, the little patient seemed anxious to obviate the slightest flexion of the spine, which became still more evident on picking up small objects from the floor. Besides these symptoms, a moderate fever, slight intestinal disorder, and want of appetite, were observed. It could not be doubted that the complaint originated in the fall, that it consequently consisted in a traumatic injury, but it was entirely a matter of conjecture whether the injury was a simple contusion, with or without curvature of the spine, or a fracture. Considering, however, the moderate intensity of the existing symptoms, the diagnosis, beyond contusion, seemed hardly justifiable. Nor was the possibility of a subsequent scrofulous complication overlooked. Therefore, after having relieved the constitutional difficulties by sedative treatment, and the injury by a moderate local antiphlogosis, recumbent posture, and repose, a liberal diet, and, subsequently, cod-liver oil and iron, were ordered to be taken. This treatment continued for four weeks, removed all complaints, and relieved the child of all suffering. Nevertheless, the continuance of the horizontal posture was urged. The parents, how-

ever, did not comply, and allowed the patient exercise in the open air.

In three months, the child was again examined, and the results tended to show that health had been re-established ; for not the slightest sensitiveness of the affected spinal portion was evinced by severe percussion. A slight projection, however, was evident, corresponding with the seventh thoracic vertebra. The child continued to improve, on the use of cod liver oil and iron, suffering in no ways from her spinal difficulty, until the end of February. Then his services were again requested. The patient was then under a great febrile excitement, with the loss of appetite, insatiable thirst, and difficulty in breathing, with short expirations, which on a sudden had set in. On examination, it was found that the posterior curvature had extended, comprising now the sixth, seventh, and eighth thoracic vertebræ, accompanied by increased sensitiveness. Percussion and auscultation of the chest elicited, however, no morbid action. The suddenness of its appearance seemed to justify the supposition of an acute inflammatory process, and yet not one external cause could be assigned. The recent and steady improvement of the little patient, the absence of any local suffering and morbid symptoms, during a period of six months, could hardly be brought in conformity with the presumption of an uninterrupted continuation of the original disease. The probability of an ununited fracture, and the commencement of osseous softening, with formation of an abscess, suggested itself, although he admitted frankly that he repeatedly dismissed that diagnosis for want of sufficiently reliable signs. The treatment instituted proved of no avail, and the disease went on with little remission. A week before death, a new complication became manifest. While, previously, the thoracic organs had remained intact, the patient commenced, about that time, to breathe with increased difficulty, and, though even then the respiratory sounds presented no marked alteration, the percussion to the left of the affected spine evinced a dull resonance, which gradually extended over the remaining portion of the left side of the thorax ; and, in the same proportion, the respiratory murmur became more faint, and at last entirely disappeared—the heart at the same time being displaced towards the right side of the sternum, so that its sounds could be perceived there and in the *scrobiculus cordis*. The right lung remained intact, presenting no more than the puerile, and occasionally the sibilant rhonchus. The fulness of the intercostal spaces, and the diminished mobility of the left half of the thorax, with the cyanotic dis-

coloration of cheek, lips, gum, and nails, with the intermittent pulse at the left wrist during inspirations, left no doubt that a pleuritis exsudativa had been established, which disease ended the sufferings of the little patient, on the 16th inst., by asphyxia.

Incessant care, and watching the progress of this case through its last phases, enabled him to establish the fact beyond dispute, that the pleuritis originated from spinal disease, and radiated subsequently over the remote part of the pleura, and that an abscess of the spine in progress of formation, was the cause of the disease ; a diagnosis which was fully borne out by the post mortem examination. The latter took place eighteen hours after death, in the presence of Drs. Neuhaus, Zundt, Pfeiffer, and Gaertner.

In the abdomen, we found the liver slightly enlarged, spotwise fatty, degenerated, and pallid, the spleen in a similar condition, the mesenteric glands swollen, the bladder almost empty, stomach and intestines distended with gas, and the veins filled with very dark blood.

On opening the chest, a large quantity of fluid made its escape from the left pleural cavity. After the sternum was removed, the heart appeared displaced towards the right side, its longitudinal diameter corresponding with the median line of the body. Right lung greatly congested, and of a dark, livid color, but otherwise sound. Right pleura, also, in healthy condition. The left lung compressed, almost solidified, and reduced to the size of an infant's fist, and its interlobular space filled with the plastic products of inflammation, but loosely adherent. The whole left pleura, including the portion that lined the diaphragm, covered with fibrinous deposits. But one fibrinous band between lung and pleura costalis had been formed, and even that was of recent date—judging from the little progress it had made towards its organization. Towards the spine the signs of inflammation evidently increased in intensity; the carnification and thickening of the pleura, the injection of the capillary vessels, and the amount of fibrinous layers being more apparent. It was easy to fill a tumbler with the effused sticky and greenish liquid contained in the left pleural sack, the whole might be estimated at $1\frac{1}{2}$ pints. Pericardium contained also about 3iiss of fluid. After the intestines had been removed, and the spine laid bare for inspection, an abscess was found right across the spine, at its 7th thoracic vertebra, terminating on either side in a round pocket. The right portion was but little, the larger, however. The lesser portion contained a thick, cream-like pus, of excellent properties ; the right a smaller

quantity. A fragment of the spine was then removed, comprising the 5th, 6th, 7th, 8th, and 9th thoracic vertebræ. You see, Mr. President and gentlemen, in this specimen yet the traces of intense inflammation on the left side, and particularly the intumescence of the pleura, whilst the right side exhibits no such signs. There are also the walls of the abscess, which communicate, on either side of the spine, with the morbus focus within the body of the 7th vertebra. The specimen has been divided longitudinally, in order to exhibit more effectually the diseased portion of the bone, which is seen to have been fractured in an oblique direction, leaving the lower fragment in the shape of a wedge, with an almost clean and even surface, whilst the upper fragment has been comminuted, leaving but a few small and moveable sequestra. But even with this specimen in our hand, Dr. Bäuer was not prepared to assert positively that a fracture has been the lesion in this case, although the regular form of the lower fragment tends to support such an opinion—though attempts at forming callus are not evident. But certain it is, that there was no trace of any tuberculous deposition, neither within the affected structure nor mixed with the pus, both of which we have carefully examined by microscopes. There is another fact that deserves attention; namely, that although the upper fragment is entirely destroyed, but little disintegration has been effected in the neighboring intervertebral cartilage, showing its textural tenacity.

The microscopical examination of the pleural exudation has elicited no results beyond the ordinary elements of recent inflammations.

In conclusion, Dr. Bäuer remarked, concerning the treatment of this and similar cases:

1. That he need hardly say, that after therapeutical efforts had failed in preventing the progress of the pleuritis and its consequences, he naturally thought of paracentesis, and possibly life might have been—for a few days—prolonged. But he had to dismiss this idea, on account of the disease being of more consecutive nature, and ultimate success beyond hope.

2. The general practice in treating these cases is greatly in favor of issues. In chronic periostitis of the spine, and inflammation of intervertebral cartilages, such a practice can find no objection. But the diagnosis is eminently difficult, and sometimes impossible, as this case instances. The patients are mostly delicate and debilitated, whose rest, comfort, and strength demand forbearance, and, moreover, are greatly disturbed by painful issues near a place upon which the pa-

tients recline. Whilst the efficacy of issues is therefore limited to a few cases, and even in those counterbalanced by the inconvenience they produce, they are more than useless in such instances.

It is generally conceded that repose, and the recumbent posture, are the best means to obviate and arrest xyphosis in general. But, in his opinion, this is not enough, and particularly in cases in which traumatic injury is suspected as the remote cause of the lesion. The patient should be prevented from bending and twisting his spine in the slightest degree ; for perfect rest is the only guarantee for reunion of fractures, and obviating the consequences of contusions, etc., in the shortest possible time. For this purpose, he constructed an apparatus (which was exhibited to members) for the posterior half of the trunk, that, better than any other, he considered, accomplished that indication.

CHRONICLE OF MEDICAL PROGRESS.

Treatment of Copper Nose (acne rosacea) and of Psoriasis Inveterata, by the Iodide of the Chloride of Mercury. By M. ROCHARD.

It is well known how obstinate are the different forms of *acne*, but especially this *acne rosacea*, which, under the more vulgar name of copper nose, is the terror of ladies. Most dermatologists have got to abstaining from all topical remedies, and to contenting themselves with hygienic remedies, or with means adapted to the relief of the gastro-intestinal troubles, from which the cutaneous affection would appear frequently to proceed. In this state of things, we consider it a duty to make known, with all caution, a mode of treatment which we have not yet had occasion to try, but which is presented with the guaranty of very admissable doctrinal views, some detailed cases, and the assertions of an honorable practitioner.

Doctor Rochard, remembering that certain mineral waters, whose most apparent effect is to produce an eruption on the skin—the waters of Louesche, for example—frequently benefit *acne*, has endeavored to imitate this action of the thermal medicine by the use of a substance which, when locally applied, and also taken internally, would spur on the disease, so to speak, and, by constantly aggravating it, would give a sort of satisfaction to the pathological movement. The preparation on which he has fixed, after many trials, is the iodide

of the chloride of mercury, discovered by M. Boutigny, of Evreux, and which is composed either of one equivalent of iodine and two of calomel, or of one equivalent of the first and one of the second.

To prepare the first compound, take of iodine one equivalent, 1579.5 ; of protochloride of mercury, two equivalents, 5948.5. Powder the calomel coarsely, put it into a matras, and heat it gently, agitating it till it commences to sublime ; then add the iodine in small quantities, and the combination takes place with noise, without perceptible loss of the iodine. If, on the other hand, the iodine is mixed with the calomel, before it is put into the matras, a good portion of the iodine is volatilized, and we only obtain a preparation of unknown proportions, and consequently of an uncertain efficacy.

To make the second compound, take a single equivalent of calomel. In other respects, the mode of preparation is precisely the same. The first formula is designed for internal uses, and, externally, in ointments ; the second to be run into cylinders to be used as a caustic.

These preparations may also be varied by putting in less iodine ; but, if more is put in, we have an unstable preparation, which is consequently inconstant in its action.

The following is the usual formula for the ointment : Iodide of the chloride of mercury, in powder, 11.6 grains (75 centigr.) ; fresh lard, 15.4 ounces (60 grammes). Mix with care.

The ordinary formula for pills is this : Iodide of the chloride of mercury, 4.9 grains (25 centigr.) ; gum arabic, 15.4 grains (1 gramme) ; bread crumbs, 2.3 ounces (9 grammes). Orange flower water sufficient to make 25 pills.

In the greatest number of cases, according to M. Rochard, the external treatment will be sufficient. The ointment is applied once a day, for two or three consecutive days, upon the diseased surfaces, and only upon them. The parts may be left uncovered. The eruption appears ; a matter—sometimes serous, sometimes puriform—escapes abundantly from the follicles, and forms crusts of various appearances. The eruption completed and the irritation calmed, that is, in about three or four days, the frictions are recommenced and are continued, with the same alternations, till the cure is completed. Improvement is indicated by the decreasing intensity of the eruption. If this does not appear after four, five, or six frictions, to the topical treatment is added the use of the pills above described, of which from one to three may be taken each day, their effect on the digestive organs being carefully watched. The treatment, if we judge by the cases published, ordinarily lasts several months.

“By applying our principles with perseverance,” says M. Rochard, “and with only the skill which practice gives to patients, we have been able, up to this time, to conquer *all the most severe copper noses* which have presented themselves to us, and the great majority of which had been treated long and uselessly by men the most justly celebrated in the specialty of diseases of the skin.”

We really hope that these words do not give any exaggerated idea nor go beyond the intention of our confrère. They suppose, on the one hand, a very large number of experiments, and, on the other, a constant success. Now, to succeed so frequently, so invariably, in a disease reputed to be one of the most rebellious, is so extraordinary a thing that we cannot help wishing the evidence of a more extended experiment. It should not be forgotten that the point is concerning true copper nose (*acne rosacea*), and not of other forms of acne. The author expresses himself confidently, and, if that ought to be a merit of a well established success, it is also of a nature to justify reserve. Moreover, M. Rochard has met some unbelievers among the most distinguished dermatologists.

We ought to say, however, that the author rests upon some private cases, which are very encouraging. If, in a good number of them, the patients have been lost from sight before the cure was complete, and with only a considerable amelioration, if there are few where one can be confident there was no relapse, there are some where the result appears to be as perfect as possible. Such is the following case :

Case 1. Madam Vaterlot, living at No. 74 Faubourg St. Honoré, fifty-one years old, hatband-maker, of a lymphatico-nervous temperament, never had any severe disease in her infancy. Before her menses, they frequently noticed on her face small white tetters, for which she took some herb juice and bitter ptisans. Her health was excellent till her twenty-ninth year, when she had very severe confluent small-pox. Afterwards, some days before the appearance of the menses, she suffered from burning of the face ; there was a constant redness of the cheeks, and sometimes small swellings with white heads appeared. These slight accidents disappeared soon after menstruation commenced. As she grew older, the swellings increased in number and in size. Their secretion became more active, and the redness more intense and more fixed, being accompanied by severe smarting, especially after meals in the evening.

In 1849, Madam Vaterlot ceased to menstruate, at the age of 44

years. It was at this time that the acne developed itself, with irritation and permanence.

When I commenced the application of the preparation—in July of the same year—the cheeks, the nose, the chin, and, to a slight extent, the forehead, were of a very marked cherry red. These different parts were sprinkled with pustules of considerable size, slightly indurated at various stages of progress. Many of them poured out a yellowish substance, which, by drying, formed very adherent brown crusts. After the first applications made over all the effected parts, there was a very active exudation. A very abundant and somewhat thick yellowish matter soon covered the parts with a hard crust, shining as if crystallized, which, after several days, was thrown off with some difficulty by dessication. The surfaces exposed by the falling of these crusts had a less red aspect; the capillary vessels were less congested, and the pustules were evidently approaching resolution, being of smaller size and less indurated. The succeeding applications produced an exudation, the consistence and abundance of which diminished perceptibly each time, so that the softer and smaller crusts separated promptly and easily. These crusts took a yellow color in proportion as the exudation diminished in activity.

After *four months'* successive application of the medicine—which always reproduced the same phenomena nearly as intense—I decided that the congestion of the capillaries no longer existed; that the pustules had entirely disappeared, and, in short, that the resolution of all the organic alterations in the skin was complete. Since this time—now *five years*—Madam Vaterlot has enjoyed the most perfect health. She has a marked *enbonpoint*. There has been no threat of relapse.

As is seen by the title of this article, M. Rochard has also used with success the iodide of the chloride of mercury in *psoriasis inveterata*. He relates only a single experiment, undertaken in an extremely rebellious case, which had resisted, for a great number of years, the treatment of the most skilful specialists. This is a synopsis of it.

Case 2. This case, which runs over thirteen years, (the author does not say why he did not think he ought to make it known sooner,) is that of a travelling clerk, of the name of Dissaux, who entered St. Louis Hospital on the 18th of October, 1837, for a psoriasis of old standing, which had spread over the forehead, the ears, a great part of the cheeks, the abdomen, and the lower limbs. Fowler's solution, repeated a second time, the sulphurous preparations internally and

externally, depuratives, had no success. Given a third time, the arsenical solution caused the disease almost to disappear, as if by enchantment, for fifteen days. Colic obliged them to suspend the use of the drug. There still remained some patches on the abdomen and on the back. The patient left the hospital.

Progressive return of the patches—reädmision to the St. Louis Hospital, in September, 1839—failure of the liquor of Van Swieten, and of the turpentine ointment—aggravation of the disease. The 5th of July, 1841, he came under the care of M. Gibert. A hydrotherapiac treatment (this therapeutic method was then under trial at St. Louis, by a foreign physician) was in vain followed for five months. M. Devergie, in his turn, tried vapor baths and tar ointment. The disease yielded in part, but there remained some slight patches on the thighs and hands. As they did not think they could accomplish anything more, they gave him his discharge. Soon after, the disease reäppeared with intensity ; the patient asked admission to the hospital and was refused. At first he was going to throw himself into the water, but got himself arrested as a vagabond, and was sent to the Madelonnettes, where M. Rochard visited him as assistant physician.

He was then considerably emaciated. His face was expressive of deep sorrow. A great part of the skin where there was hair was covered with hard, thick scales, of a rough white, principally on the fore part of the head. The forehead and the cheeks were sprinkled with smaller patches, of which the scales were finer. Large white spots, of different forms, covered the thighs and the front part of the legs. The elbows and the cheeks were entirely covered. From the neck to the sacrum all the posterior portion of the trunk was sprinkled with somewhat large, thick, white spots, of very different forms. A few of the same appearance were found on the chest. There were none upon the abdomen. Finally, others harder and drier, though smaller, were situated on the back of the hands. There was almost no appetite, digestion was painful, and there was evidently a condition of inactivity in the digestive passages. The pulse was regular and feeble. There was insomnia, and the itching was sometimes intolerable.

“With a disease so severe and so obstinate, I tried,” says the author, “the use of the iodide of the chloride of mercury, in an ointment. This is the result of my observations : The skin showed signs of stimulation, an hour after the first application of the ointment, and the disease appeared to be exasperated. The patches became red—

the scales more prominent. This acute stage lasted some hours. The next day, a second friction produced the same phenomena ; they were of a little longer duration, and more acute ; the scales rose and appeared to crack off. Finally, on the third unction, the scales detached themselves completely, under the influence of the energetic stimulation of the skin, become itself very painful. I suspended, for a time, the action of the drug, and observed that the patches were losing their redness and their elevation, and that the scales exfoliated and fell rapidly. After five or six days' rest, I repeated the frictions for three days in succession, once every twenty-four hours. The same phenomena of cutaneous reaction showed themselves more actively, and were followed by the same improvement. I then saw that I was master of the treatment, and that I could pursue it to the extinction of the disease by taking care to leave a sufficient time for rest after each application of the drug. In fact, I thus accomplished the complete removal of these patches, and, in proportion as the resolution took place, the skin resumed its natural appearance. After eight months' treatment, I succeeded, by the topical application to all the affected parts, in curing this rebellious psoriasis. The health of Disaux became excellent, he became notably fleshy, and recovered all his energy. Before leaving Paris, he came to thank me, promising to return if a new relapse should occur. Since the 23d of September, 1843, I have not seen him.—*Gazette Heb., March 7, 1856.*

Excision of the Cervix Uteri for Corroding Ulcer.—In the *Medical Examiner* for March, the details of an interesting case are given by Dr. Turnbull. An unmarried woman, aged twenty-five years, came under his care in May, 1852, with dysmenorrhœa ; occasional vicarious discharges from her stomach ; pain in the uterine region, radiating down the limbs ; skin pale and anæmic ; appetite poor, and bowels constipated. She had never been in good health, either general or menstrual. In 1852, she had dysentery in a severe form, recovering from which, she found herself suffering from constant pain in the lower part of the abdomen, with a sensation of weight, accompanied by a leucorrhœal discharge. She was treated by a physician for prolapsus of the uterus, by means of rest, abdominal supporter, &c. Having experienced no relief during the month thus treated, she applied to another physician, who after *touching*, ordered strong injections of nitrate of silver, with some internal remedies. From

this treatment she received no benefit. As stated above, she came under Dr. T's care in 1853, and he treated her constitutionally and with anodynes, without destroying the pain, however.

Towards the end of the year, she reluctantly consented to digital and specular examination, when he discovered a gray corroding ulcer penetrating the mouth of the uterus, and causing it to turn towards the rectum, the neck being enlarged.

The treatment pursued was, cupping over the sacrum, leeches to the lower part of the abdomen, with an occasional blister dressed with mercurial ointment, and the internal use of small doses of calomel. To the ulcer, application of nitrate of silver was made; mucilaginous baths and anodyne injections were also used. By these means she was more comfortable, and able to engage in her usual occupation, but the ulcer would not heal.

In January, 1855, Dr. T. was again called, in haste, to visit her, on account of excessive hæmatamesis. This discharge had become more frequent than when he was first consulted, and the menses had almost entirely ceased. Small doses of acetate of lead and opium moderated the flow and diminished the pain. Salivation was produced by small doses of bichloride of mercury, and the ulcer was touched with protonitrate of mercury. These agents produced no benefit. After recovery from the effects of the mercury, the patient was placed on the internal use of large doses of extract of conium, in combination with iodide of potassium; and the local applications were also changed, all which means were unavailing. The gnawing, intense pains returned with violence, so that she was obliged to give up her work.

Upon inquiry, the patient was informed that the removal of the neck of the womb by excision was the only remedy left. She took time for consideration, and finally consented, and even urged the operation, as life seemed a burthen to her. Therefore, the excision was effected May 21, 1855, the patient being under the influence of ether. Considerable hæmorrhage followed, which was checked by plugging the vagina. One grain of opium every two hours, and acid gum water, were prescribed. Ether and opium sufficed to relieve severe nervous spasms which occurred in the afternoon. Daily attendance was required until July, when she had an attack of convulsions continuing twelve hours. She was sent into the country, whence she returned in August, feeling and looking well, able to resume her usual occupation in a cotton mill. The parts had healed, menstruation had returned, and consequently the vicarious discharge had

ceased. The microscopical characters of the excised part were fibroplastic, and hypertrophied normal cells. In January, 1856, the patient had gained several pounds in weight, and was able to live with comfort.

*Suicide and Suicidal Insanity.**

There are some authors who in all cases regard suicide as an act of insanity. For them it is sufficient that one should have voluntarily killed himself, or even made the effort to kill himself, to constitute the deed one of mental alienation.

We, however, are not of this opinion ; for there are occasionally circumstances in life in which suicide, without ceasing to be reprehensible and culpable in a moral sense, can, however, be readily accounted for by a state of mind far removed from insanity.

In this connection Monsieur le Docteur Brierre de Boismont appears to be in the right, when he defines this difference, which common sense, even, unaided by science, so readily establishes ; and when he insists upon the great importance of making the distinction between the man who, in committing suicide, retains his reason and his self-control, and that one who, suffering from that form of mental alienation, suicidal monomania, is no longer a responsible agent.

It is upon such a scale of difference that M. Brierre de Boismont chiefly establishes the general considerations which preface his work ; and here he endeavors to discriminate as accurately as possible between the various causes to which we should refer the frequency of suicides in our day. We can comprehend the full value of these *etiological* researches when we learn that since the commencement of this century there have been, according to statistical facts, no less than three thousand cases of suicide in France.

Those studies to which our author has devoted himself, and the standard of comparison which he has established between the different epochs, have led him to the following conclusions : that the earlier ages, on account of the peculiar philosophic and religious doctrines then entertained—which were essentially pantheistic—were favorable to the development of suicide ; whilst in the middle ages, the Christian religion having been established, and there being a

* Du Suicide et de la Folie Suicide, Considérés dans leurs Rapports avec la Statistique, le Médecine et la Philosophie. Par A. Brierre de Boismont Paris. 1856. 8vo., pp. 663.

predominance of the religious sentiment, and spiritual philosophy, the progress of the evil was arrested. And now, when incredulity is so prevalent, the pride of reason so exalted,—when love of self, skepticism, and indifference are made the code of action of the masses,—a new impulse has been given to the disposition to commit suicide.

The causes of suicide may be divided into two principal classes—the predisposing and the determining. Among the first the most frequent cause, doubtless, is the hereditary tendency, which alone exercises a stronger influence over the insane than over those of sound mind. Next follows the influence of sex, which evidently has a great control, the proportion of suicides being much larger with men than with women. Then come the age of the individual and the circumstances of fortune and education. A singular fact, and one which, at first view, would appear beyond the bounds of probability, is, that in such localities as are most advanced in matters of industry, and also among those classes who have been the most highly educated, we find the largest number of suicides; which result entirely coincides with the author's experience, as he has stated it in one of the latter chapters of his work, where he proves, by authentic and exact statistics, that the number of suicides is in direct proportion with the advance of civilization.

“It is,” to use M. Brierre de Boismont's own words, “when doubt, skepticism, self-love, the desire of worldly gain, and ambition have the ascendancy over religious faith, over patriotism, moral integrity, and resignation, that disappointment and despair give rise to feelings of despondency and depression, and lastly to the thought of voluntary death itself.”

As regards the determining causes, M. Brierre de Boismont arranges them under ten different heads, one alone of which comprises insanity in all its varieties, hypochondria, and deficient action and over-excitement of the brain.

Almost all the others relate either to particular circumstances, independent of the individual,—such as poverty, reverses of fortune, grief (more or less profound), diseases, &c.,—or to unconquered passions. This chapter, which contains an immense number of facts, is certainly one of the most interesting of the volume, and evinces the arduous and persevering investigations which the author must have made, in the numerous collections and in the valuable records which have been placed at his disposal.

In reference to the practical conclusion which may be drawn from

the *resumé* of all these facts, M. Brierre de Boismont thinks that it is connected with the solution of the great social question of the day—pauperism, labor, and wages—and he thinks that an intimate knowledge of the causes of insanity should be able to furnish numerous lessons for those to whom is entrusted the government of society.

The distinction of the intellectual conditions of those who have committed suicide, is, perhaps, better evinced by analyzing the last sentiments expressed by them, as found in the writings which they often leave, which analysis the author has understood how to use to great advantage in support of the position which he assumes in his essay. As regards those who commit suicide in full possession of reason, it is found that the motives which they assign in explanation of the act are the results of the passions, the inordinate desires,—in a word, of all the common incentives to action in life ; whereas, with the insane, the tendency to suicide is determined by hallucination, illusions, and other morbid conditions. With those of a sane mind who commit suicide, reason remains undisturbed ; but with the insane it is in a state of perturbation.

We pass by the chapters relating to the symptoms and nature of suicide, and its medical jurisprudence, to notice particularly that part which is more interesting to the general practitioner—its treatment, which evidently differs accordingly as the disposition occurs with one in full exercise of reason or with one insane. In a few words we can give an analysis of the course of treatment as laid down by the author. Religion, morality, and the ordinary occupation of the individual, are the best preventives against suicide.

Reason can triumph over the disposition to suicide, when passion alone is prompting it. The judicious control of the passions can be of great service, but it must be commenced at an early period of life; and this tendency to suicide should be overcome in childhood by a systematic training of the mind. It is especially at maturity that reason, moral instruction, and a system of amusements can be crowned with success.

Old age is often driven to suicide by solitude. The true way of overcoming the disposition with such is to build up around them a new family circle.

Imitation, which is a species of moral contagion, contributes to increase the disposition to suicide ; therefore nervous, impressible persons should avoid conversations and books relating to this subject. Threatening punishments are, at the best, good only for un-

civilized nations ; but actual punishments for certain vices—such as drunkenness, for example—would diminish the number of suicides. The moral treatment of this disposition to suicide is of great importance ; but it is also necessary to determine whether the physical condition of the patient may not be one of the causes of the malady, and to meet it with the appropriate treatment.

In the state of insanity, the treatment of those disposed to suicide differs from that for those who are sane. More frequently is it necessary to resort to seclusion, to coercive measures, and to therapeutical agents—such as long-continued baths ; shower-baths also are found serviceable in the acute stage of this malady. Cold affusions and anti-spasmodic preparations and tonics may be employed with great success ; also external irritation, such as friction of the skin, and likewise depletion and blistering, may prove beneficial. It is sometimes necessary, in cases of prolonged refusal of food, to introduce nourishment into the stomach by means of the oesophagus tube. The administration of morphine appears at times to be useful in the treatment of suicidal insanity. When the acute period of the disease has passed, the pleasures of the family circle are of great service. During convalescence, country air, traveling, gymnastic exercises, amusements, and intellectual as well as manual labor assist materially in the cure. The recovery may be attributable to a physical or moral crisis.

Children born of parents who have committed suicide should be subjected to preventive treatment, which ought to consist of a peculiar kind of physical and moral training, directed with discretion and perseverance by individuals selected for that purpose.

Mr. Brierre de Boismont's work is a highly valuable one, particularly in reference to suicidal insanity—the principal object, in a word, of the studies of the author. It abounds in curious and interesting facts, all tending to the support of the theories, and the opinions which the author's experience has taught him. It will be a worthy appendage to his work on Hallucinations, and we can safely predict for it a brilliant success.—*Revue Medico-Chirurgicale and Journal of Insanity.*

Phosphorus.—Dr. Klitzinsky, after making very thorough examination of the various wines, is of the opinion that their therapeutical value rests upon the existence of phosphorus.—*Medical Times and Gazette.*

The Abendberg Hospital for Cretins. By J. HUTCHINSON, F.R.C.S.L.

I had the pleasure yesterday of paying a visit to the Abendberg Hospital for Cretins, an institution which I had long wished to see, and of the present state of which I am inclined to think that a short account may, perhaps, be acceptable to your readers. Although commenced but fourteen years ago, it was then the first hospital for idiots that the world had possessed, and to its example we are indebted for the several establishments of a somewhat similar character which have since come into life. It is not my purpose, however, to occupy your pages with any account of its formation, or of the reasons which induced its benevolent founder to undertake the work, but simply to give a brief report of a personal inspection of its wards.

Early on Saturday morning, July 21, I left Interlachen, in order to climb the Abendberg, a mountain, the foot of which comes close to the town. High up upon its side the Cretin Hospital was already distinctly visible, and an hour and a-half of steepish ascent brought me to its door. The reader must not suppose, from the use of such words as "hospital," "wards," &c., which, perhaps, from the force of habit, have escaped my pen, that the institution referred to bears any resemblance to those so designated at home. If he will imagine two or three Swiss châlets of the larger class placed side by side and built into each other, he will have a pretty good idea of the exterior of Dr. Guggenbuhl's mansion. The heights of the Abendberg are at a great elevation, and the prospect commanded from them is a most glorious one, comprising the vale and town of Interlachen, the lakes of Brienz and Thun, and the Bernese Alps, with the snow-clad Jungfrau, in a panorama not easily surpassed.

Dr. Guggenbuhl was at home, and with kind cordiality devoted a considerable portion of his morning to conducting me over the establishment.

The first room entered was the bath-room. In this were three girls, at ages varying from six to ten, apparently much enjoying their bath in a large tub of water, medicated by an infusion of aromatic and astringent herbs. This bath, I was told, was considered very efficacious in restoring muscular power, and was used once every day, or every alternate one, for about half an hour at a time. None of the three patients whom I saw could speak or stand, although they were all reported as improving, and had been under treatment for considerable periods. Passing from this room, we walked through

the garden, and spoke to several children who were there engaged. One of them, a little girl of eight, presented a marked example of that form of the disease which is attended by a kind of solid œdema of the cellular tissue. Her face was large and swollen, the lips and alæ nasi being especially thickened; the tongue a little protruded from the mouth; the arms and legs were twice their natural size, from subcutaneous hypertrophy. Her head was large, and nowise ill-formed; but she had a remarkably stolid, apathetic expression, and would not attempt to utter a syllable. She could stand, and, by holding to a rail, could walk a little. Dr. Guggenbuhl told me that she had been two years under treatment, that the swelling had greatly diminished, and that the evidence of awakening mental faculties was satisfactory. Returning to the house, we found the three children, whom we had left in the bath, undergoing the second part of their prescription. They were now laid, quite naked, on a couch, in the open air, the head alone being protected by an umbrella from the sun, whilst the limbs were rubbed by an attendant with oiled hands. I was particularly struck with the peculiar yellow-brown color of the skin which these children presented in all parts of the body. It reminded me strongly of that which occurs in certain rare cases in England, which have been described by Dr. Addison as associated with disease of the supra-renal capsules. The peasantry of Switzerland generally have bad, earthy complexions, and exhibit quite exceptionally anything like healthy, florid coloration; but in none have I noticed the lustreless bronzing of the surface so marked as in these cretin children. That it did not depend upon exposure to the sun was evident from its uniformity, and from its being even more pronounced in those parts protected by the clothes than in the arms and face.

Our next visit was to the school-room. Here we found sixteen children, about two-thirds boys, employed in reading and writing. All these had been for periods of from two to eight years inmates of the establishment, and were advancing in convalescence. All could stand and walk, and some had attained sufficient muscular power to be able to run and to lift weights. The movements, however, even of the the most advanced, were still clumsy and awkward.

Dr. Guggenbuhl, in answer to questions, told me that his treatment was always, in the first place, directed to improving the physical development of his patients before attempting anything in the way of teaching, and that generally from one to two or more years would elapse before it was thought desirable to admit a child into the school. At first, instruction would be given for half an hour daily,

and then, by gradual steps, the period would be increased to three hours, beyond which latter it was rarely thought advisable to pass. I may confess that I was totally unprepared for the remarkable results which I witnessed in the school-room. Of the sixteen cretins present, with the exception of one who was blind from small-pox, all could read and write, more or less. Two or three of them bore in their countenances unmistakable evidences of mental power, developed even to a certain degree of acuteness. All looked happy, and several of them remarkably so. As a proof that the institution is not a mere asylum, but may fairly claim for itself the title of a "*Hospital for the cure of Cretinism*," let me cite the case of one lad whom I found acting as a sort of monitor. Fritz Meier, now aged sixteen, a native of a village on the banks of Lake of Thun, and one of a family of cretins, entered the Hospital eight years ago, unable to stand or to speak, and in a state of complete mental imbecility. He is now a well-grown lad, of a not unpleasing expression of countenance, fairly muscular, and able to run, though with a certain awkwardness of gait. His head is of a natural size, and, as to form, peculiar only in being contracted across the forehead. He answers questions willingly, and is glad to be conversed with, always, however, requiring a little time to prepare his replies. He has mastered three languages, and showed me his copy-book, in which were written long *dictation* lessons in German, French, and English. Anxious to test his powers, and to see whether he had attained any confirmed ideas, I got him to read to me in an English book. The word "stars" occurring, I asked him to give me the French and German for it. "*Les étoiles*," "*die sterne*," were his ready replies. "Where do we see the stars?" I asked. "In the heavens at night." "Where do they go in the daytime?" "They are still in the heavens." "In the heavens!" said I, assuming an expression of astonishment; "then why don't we see them?" He thought a while, and replied, "Because the sun is too bright." Although this lad was certainly the most advanced of those whom I saw, yet Dr. Guggenbuhl gave me to understand that his case had many parallels.

A considerable number of the patients were engaged out of doors in gardening or farm occupations, the whole establishment comprising between thirty and forty. The acquirement of competency for industrial occupations, especially those pursued in the open air, is very properly considered the most important end of the treatment, inasmuch as it will enable them in after-life to earn a livelihood.

In fear that I shall otherwise unduly lengthen this letter, I will

endeavor to express concisely in detached fragments what is further to be said.

1. With regard to medicinal treatment, Dr. Guggenbuhl told me that he had often derived great benefit from the use of mild preparations of iodine. In some cases iodine appeared to be hurtful, by increasing the muscular atrophy. The iodide of iron in grain doses was a favorite prescription. Almost all the patients had taken cod-liver oil, beginning with one-drachm doses thrice daily, and gradually increasing the quantity. In improving the nutrition and aiding the physical development, Dr. Guggenbuhl spoke strongly of the effects he had witnessed from the oil. Tonics of all kinds, more especially the vegetable ones, were in general requisition.

2. The popular notion that cretins have small heads and low foreheads is a fallacy. Dr. Guggenbuhl assured me that, in his observation, microcephalic cases are decidedly exceptional. Of those I saw most had larger heads than usual, and only two were noticeably below the average.

3. A narrowness in the width of the forehead Dr. Guggenbuhl has observed to be the most frequent departure from the normal conformation of the head. In not a few instances the occiput is remarkably wanting, while in others it is unduly large.

4. Irregularity about the arrangement, size, &c., of the teeth, is a very constant phenomenon, and was present in almost all the patients I saw. An undue arching and height of the palate was another remarkable and very constant condition. In one girl, to whose mouth Dr. Guggenbuhl directed my attention, the hard palate could not, I should think, have been less than an inch in elevation above the level of the gums. The whole upper jaw was contracted, and the deformity quite sufficient to suggest the idea that, in many cases, this malformation may constitute one of the causes of difficult acquisition of the faculty of speech.

5. Other deformities, such as club-foot, for instance, Dr. Guggenbuhl believes to occur with greater frequency among cretins than others.

6. None of the patients whom I saw were affected with enlargement of the thyroid gland, to any noticeable extent. Dr. Guggenbuhl told me that, in Switzerland, goître rarely commences before the age of fifteen; he had, however, known cases in which it was congenital, and others in which it had begun in very early life.

7. The distinction held between an idiot and a cretin is, that in the former, mental imbecility may be complete, the muscular power yet

remaining good, whilst, in the latter, not only is the mind wanting, but there is loss of enervation generally. In cretins, the whole nervous system is deranged. There is no actual paralysis, but such entire loss of muscular coördination, that the limbs are useless. The muscles are atrophied to an extreme degree, and a cretin is usually much emaciated. The leanness of the rest of his body serves, by contrast, to increase the disgusting appearance presented by his swollen tongue, thick lips, &c. Two of the children under Dr. Guggenbuhl's care belonged, as he remarked, more strictly to the class of idiots than to that of true cretins.

8. With regard to the causes of cretinism, Dr. Guggenbuhl believed that they were of a general character, and not by any means always the same. Close, confined, humid situations, impure water, want of attention to cleanliness, frequent intermarriage, were, as he thought, the causes to which its prevalence in Switzerland must be referred. As to the effects of intermarriage, he entertained a very strong opinion, and I was glad to learn that he is collecting a body of evidence on the subject, with the intention, at some future time, of making it public. Respecting the opinion first suggested by Cantu, of Turin, and since prominently developed by Dr. Chatin, of Paris, that the disease depends upon the deficiency of iodine in the water and atmosphere, Dr. Guggenbuhl, in answer to my queries, stated that he deemed it, as yet, "not proven." He knew of no facts which made it very improbable, and much wished that some Farraday would undertake an inquiry of so much difficulty, requiring so much philosophic caution. He considered that Dr. Chatin had advanced it with much more of positiveness than his facts warranted.

9. Dr. Guggenbuhl believes that there are at present not fewer than 10,000 cretins of various degrees in the Swiss cantons, and at least an equal number in Piedmont.

10. I asked particularly as to the permanency of improvement in the cases which had been treated in the Abendberg. Dr. Guggenbuhl told me that many had been discharged more or less completely restored, and that some of these had continued hitherto without relapse. He believed that after the age of about fifteen, the cure was permanent, and that even if the patient returned to his home in the valley, he would generally remain without relapse. At more early ages, however, relapse is frequent. In many instances in which parents, pleased with the improvement obtained, had insisted on having their children home too soon, a return of imbecility had been the result. This had been so frequent, that a rule had been made

for the establishment, that no child should be admitted unless the parents would engage that it should remain there at least three years. Dr. Guggenbuhl had known but very few cases indeed in which cretinism had commenced *de novo* in adult life. It would appear, indeed, to be a chronic disease to which the nervous system is liable only during the pre-adolescent period, and which, in its early stages, may be efficiently counteracted by the removal of its exciting causes, and the adoption of proper treatment. Whatever may be the patient's condition at the period of adult age, so he remains through life, with the difference in the cases remedied ; and the qualities which in the child excited only pity, become disgusting and loathsome in the man. I cannot conclude this letter without an expression of the pleasure which my visit to Guggenbuhl's exceedingly well-managed establishment gave me. A more instructive exhibition of earnest, devoted, and successful philanthropy I have rarely witnessed.—*Med. Times and Gazette*.

New System of Ventilation.—A new system of ventilation has recently been invented, and extensively adopted in Paris. Mr. Duvior is the inventor.

The peculiarity of this system is, that it supplies two processes at one and the same time ; namely, warming and ventilation.

The plan is simple. At one end of the building that is to be warmed and ventilated by this system, there is sunk in the soil a chamber containing a grate, on which is placed a bell-shaped double walled iron vessel, filled with water. From this reservoir, and running upwards in the chimney of the furnace, are three pipes which are made spiral, so as to offer a larger surface for obtaining heat from the smoke ascending around them.

The spiral pipes convey from the lower reservoir an upward current of heated water, to an open reservoir at the top and centre of the building. From thence the water is distributed downwards, and in its heated state, by other pipes, into every part of the building. In each room is a kind of water stove, through which the water plays, and from which sufficient heat is radiated to warm the apartment. After the water from the upper reservoir is fully distributed over the building, it is collected by a common pipe, and is conveyed into the lower reservoir over the furnace to ascend and circulate, give up its caloric in some part, and return for more.

As the water on its journey is only partially cooled, the amount of fuel required in the furnace is moderate. By this simple means the warming process is carried on ; but more than this is effected, for ventilation is at the same time secured.

The open reservoir at the top of the building, which as we before said, was kept filled with hot water, is surrounded by a chamber, out of which a shaft rises. This chamber receives the air from all the rooms of the building, by means of a series of ventilating tubes or shafts, one of which runs from each room upwards to the top of the building, where it enters at right angle into a common transverse shaft communicating with the chamber.

From the extensive radiation of heat from the open reservoir, the air in the chamber is expanded, and a constant current from the building below upwards through the shaft is sustained.

Each of the ventilating shafts in the separate rooms is provided with a square opening at the bottom and the top. These admit of being closed at pleasure. In the Winter, the upper one is closed, and the air, therefore, with which the room is charged from without has to find its escape by a downward movement to the opening at the bottom of the room, and so upwards through the shaft. In the Summer, the lower opening is closed, and the upper one is opened, so that the current is directed upwards into the ascending shaft.

The advantages which are said to arise from this system are : 1st. That it insures free ventilation ; 2d. That it warms and ventilates at the same time ; 3d. That it is cleanly and inexpensive ; 4th. That in hospital wards, where the emanations from the sick are offensive or pernicious, such emanations can be borne away directly from above downwards, by having the upper opening in the ventilating shafts in each ward closed, and the lower one open. The wards are thus constantly swept clean of all hurtful gaseous products.

The mode of ventilation here described has been applied in Paris to many public buildings with entire success. There lies before us at this time, a diagram showing the principle as applied to the "Hôpital de Lariboisière," and also several reports from distinguished judges of the value of its action and of its successful application. These are all candid, and, at the same time, are in general decidedly favorable.

We hope, ere long, to see M. Duvior's principle introduced into this country. If its success were confirmed, it would prove a valuable acquisition, and not an unprofitable one in business a point of view.

For the intimation of this mode of ventilation, for the inspection of the diagram above referred to, and for the perusal of the documents

descriptive of the plan, we are deeply indebted to Dr. Waller Lewis, whose knowledge of the sanitary state of the capital of France, and of the various improvements in sanitation, is of a high order. Dr. Lewis, after having seen Cuvier's system in operation, expresses himself to us as perfectly satisfied in regard to its utility.—*Journal of Health, December, 1855.*

An Interesting Case of Midwifery. By Dr. HAHN, Wuerttemberg.
Translated by Dr. STIEBELING, of New York.

A lady, 39 years of age, tall and strong, became pregnant in the month of November, 1852, and felt the quickening in March, 1853, on different spots of the abdomen, at last especially on the right side. A periodic pain was perceived since that time on the right side of the umbilicus, but disappeared four weeks before the term of gestation. The great distention of the abdomen caused in the last time labored respiration, costiveness, and strangury. On the 3d of August the waters escaped; they were stinking, and continued to flow mixed with meconium during the four following days. At this time the spasmodic contractions of the uterus became stronger and more frequent; thereupon Dr. Hahn was called to attend her. He found the abdomen very distended, not sensitive, soft, and he could feel portions of the foetus nearly everywhere on the right and left sides. No pulsation of the foetal heart could be heard; the os uteri was very high; no presenting part could be felt. The spasmodic contractions lasted without any effect on the dilatation of the os uteri till the 14th of August. Opium, chloroform, warm baths, could not remove them. An examination then made, proved that the os uteri was drawn upwards to the left side and that only one finger could enter it; the breech presented. After a few doses of moschus the contractions became regular, and expelled the breech during the night; the labor was then terminated by interference of the attending accoucheur. The child was a mature one, but dead and already putrified; the placenta was expelled after half an hour.

An external and internal examination showed now, that there was another foetus in the peritoneal cavity: breech upwards; head below; back in front; no pulsation of the heart could be heard. On the 5th and 6th day after delivery, the pains, which had been very weak since, ceased entirely; no signs of lochia, some fever; the left leg was swollen and painful; the lady felt internally an object falling from one side to the other. On the 4th week after delivery,

a bloody and serous discharge took place, a round, hard body could be felt through the fundus vaginæ. On the 9th week the menses recurred ; the fœtus was less moveable and its size seemed to diminish. Soon afterwards the lady became pregnant again ; a living child was born in the month of June, 1854.

Peculiar Influence of Pregnancy.—Dr. W. F. Montgomery, in a paper read before the Association of the College of Physicians of Ireland, after speaking of the health of child-bearing women and of the encephalic state as retarding existing disease, says he thinks he has seen sufficient to satisfy him that pregnancy, at least occasionally, exercises the influence of preventing the development of disease, although the infection may have been caught. To substantiate this opinion he makes mention of several instances as scarlatina, typhus fever, and erysipelas, wherein the disease showed itself immediately after delivery, although from three to six weeks had elapsed after exposure.

In speaking of phthisis, he says, if a woman predisposed to phthisis, but in whom the disease has not actually become developed, prove pregnant, she is likely to be benefitted thereby ; but, on the other hand, if pregnancy takes place in a woman already actually in consumption, or if this disease supervene on pregnancy, the fatal issue is more likely to be accelerated.—*Dub. Quart. Jour. Med. Sci.*

Syphilis and Vaccination.—In Baneberg, Bavaria, a medical man was lately condemned to two years' imprisonment for having vaccinated several children from a child exhibiting a syphilitic eruption on its face and body. The judgment was commuted, however, on the opinion of Heyfelder and Pauli, of Rhenish Bavaria, they having testified to the impossibility of communicating syphilis by the agency of vaccine lymph. Ricord and Cullereer, who are supported by the Soc. de Chirurgie, corroborate their testimony.—*Bull. Gen. de Thérap.*

Bloody Tumor of the Vagina.—Dr. J. K. Mason reports in the *Medical Examiner*, a peculiar case, which appears to be a traumatic venous aneurism. He was called to a woman in her first labor, and finding uterine contractions unavailing, he applied forceps and delivered her ; notwithstanding all precaution, the perineum was ruptured. Upon examination, a second child was discovered presenting like and in the same position as the first child, which was vertex presentation, in right sacro-iliac position. After waiting due time, and finding the labor not advancing, he again touched and found the progress checked

by a large bloody tumor, extending from the left external labium to the presenting part, the head of the child being then in the superior strait. After consultation, it was decided to deliver by forceps, and risk the rupture of the tumor, in preference to using the knife for its evacuation. The forceps were applied, and upon making firm traction, the tumor burst, spurring its contents over the operator; after which, the fœtus was easily drawn out. No hæmorrhage occurred from the tumor. No sloughing of the vagina followed, as was feared; the rupture healed perfectly, and the woman recovered and supplied abundance of milk for her two vigorous children.

Dr. Mason is of the opinion that it was impossible to have prevented the rupture of the perineum, attributing the accident to a laxity of fibre, which was a characteristic of the woman's muscular system. To the same cause he attributes the rupture of the coats of the vessel which caused the tumor.

Abortion.—M. Scavzoni proposes, and supports his proposition by cited cases, to produce abortion by exciting the mammary glands, by means of an apparatus acting on the principle of cups.—*Gaz. Med.*

The Spleen.—M. Velpeau having removed the spleen from a dog, which recovered from the operation without ill effects, made examination of the blood of the animal several years after, and no difference could be discovered between it and the blood of a dog which had suffered no such loss. The animal, during life, enjoyed perfect health.—*Virginia Medical and Surgical Journal.*

The Relative Value of Disarticulation of the Knee, and of Amputation of the Thigh.—M. Baudens, in a paper on this subject, referred by the Academy of Sciences, of Paris, to the section on medicine and surgery, says that the opinion of all the chiefs of the ambulances, confirmed by all that he saw from Marseilles and Toulon to Constantinople and the Crimea, is that disarticulation of the knee should be preferred to amputation of the thigh, whenever it is not possible to amputate the leg below the patella. Disarticulation should be performed immediately, that is as early as possible after the wound is received. Consecutively, amputation of the thigh should be preferred. The difference of success in immediate or consecutive disarticulations is due to the fact that even in the condition of health, the size of the bone is not in perfect harmony with the quantity of soft parts; and the disproportion becomes still greater when the patient has lost his flesh by prolonged suffering and profuse suppuration.—*Gaz. Hebdom.*

Privilege of Physicians.—The question, whether or not a physician who sends to the civil officer of State a new born child, is bound to mention in the certificate of birth, the name of the mother, or if he can refuse to make this declaration, by alleging that he was charged to keep the name secret, came up before the Court of Appeals, in Gand, by the appeal of the public minister, from a decision of the Court of Ypres, which had sustained the physician. The Court of Gand, by a decision given on the 12th of December, and discussed at length, persisted in its former judgment against the physicians, and condemned the defendant to a fine of 50 francs, and costs. This is the fifth decision that the Belgian courts have given in the same way.—*Ibid*, Jan. 18.

Chloroform in Military Surgery.—M. Baudens presented to the French Academy of Sciences a number of striking facts in the practice of the surgeons of the Crimean army, from which he showed clearly that the careful administration of Chloroform in the ambulances had been followed by no accident, and had made practicable the gravest operations, by sparing the patients new and unnecessary suffering.—*Ibid*.

The *Medico Chirurgical Review*, of Paris, is united to the *Moniteur des Hôpitaux*.

Different Laws Concerning the Age of Discretion.—We find in a curious memoir by M. Vingtrinier, with the title of “Concerning Children in Prison and Before Judges,” (Rouen, 1855) the following statements concerning the age of discretion in children. They show how the laws of each nation have varied in this respect.

By the Roman law, the child under ten years and a-half, was declared *voli non capax*. At fourteen years and over, he was subject to all punishments, even the capital.

By the Austrian code, all the offences of a child from eleven to fourteen years are considered as infractions of simple police. At fourteen years all peculiar protection ceases.

The Brazilian law admits the presumption of innocence till fourteen years.

In Louisiana, under ten years the child cannot be arrested, and from ten to fifteen years, it is necessary to decide if he has arrived at the years of discretion.

The old law of the Bourguignons (*loi Gombette*) would appear to have fixed the age of civil discretion at fifteen years ; for in article 3,

chap. 87, we read that for all acts committed before this age they were liable for fifteen years.

The English law, in fact, admits no absolute incapacity beyond the age of seven years. Children of ten, nine, and eight years, have been condemned to death.

In France, under the reign of Saint Louis, children of fourteen years accused of crime, were, according to the ordinance of 1628, condemned to a whipping or to the payment of a slight fine. Beyond fourteen years, the fine was from 20 to 40 livres ; sometimes imprisonment for six or eight days was added. Afterwards, and in the gravest cases, they were condemned to "exposition," which consisted in suspension by support under the axillas, a punishment by which, in 1772, the brother of the famous Cartouche was killed.

Now, for any kind of crime, and any kind of offence, the tribunals or the courts of assize apply the same law and the same penalty in the case of a small or great offence, as in the case of a crime after having declared children *guilty of the fact, but without discretion*; then they are said to be *acquitted*. This acquittal saves them from sentence, but they are retained in a house of correction, to be brought up till they are twenty years old, at the cost of the government.—*Annales Medico Psychologiques*.

Glycology.—M. Poggiale has undertaken to prove experimentally, if in reality, in diabetes, the passage of sugar in the urine is owing to a defect of the *alkalinity* of the blood. According to his statement, sugar can exist in the blood and in the urine, even in the presence of alkalies, and the nature of the climate has no sensible influence upon the quantity of sugar contained in the organism, as M. A. Bernard also thinks. The glycosuria would be due "to an incomplete oxydation of the sugar in connection with a lesion of the nervous system."

Experimental Researches on the Production of a Convulsive Epileptiform Affection, after Lesions of the Spinal Chord. By M. BROWN SEQUARD.

The author, by numerous investigations, has assured himself that this convulsive affection may be produced after the following lesions : 1st. Complete, or nearly complete, transverse section of one lateral half of the spinal chord. 2d. Simultaneous transverse section of the posterior columns of the posterior grey cornua, and of a part of the lateral columns. 3d. Transverse section of the posterior columns alone. 4th. Transverse section of the lateral columns. 5th. Transverse section

of the anterior columns. 6th. Transverse sections of the entire spinal chord, in the dorsal and lumbar regions. 7th. Puncture of the spinal chord.

Lesions of the chord would appear to be less and less capable of producing the epileptiform affection, in proportion as they are made nearer the chordal extremity. The time of the appearance of this affection is almost always in the third week after the operation.

Convulsions occur sometimes without external excitement, but in general they can be very easily provoked, either by irritating one side of the face—in those cases where the lesion exists only in a lateral half of the chord—or the two sides indifferently, when both halves of the chord have been injured ; or, again, by preventing the animal from breathing for a very short time. This convulsive affection much resembles epilepsy. It appears to differ from it only in this, that the animal cries during the attack, if he is pinched. The author has shown that the number of attacks increase considerably in animals which he shut up in a narrow space, and to which he gave much food.

On examining animals having this convulsive affection, M. Brown Sequard found decidedly artificial lesion of the chord, a state of congestion of the base of the brain, and of the gasterion ganglion on both sides, when the lesion was on both sides of the spinal chord, and only on the side of the lesion, when it was on but one lateral half of the chord.

From the facts reported in this work, the author draws the following conclusions :

1st. Various lesions of the spinal chord may produce in mammi-færæ a convulsive affection, having much analogy to epilepsy. It seems, consequently, that in man it is not by mere coincidence that we find alterations of the spinal chord in epileptics.

2d. Lesions of the spinal chord may produce such a change in the vitality of the trigeminal nerve, or of that part of the brain where this nerve rises, that the irritation of the branches of this nerve in the face, produces convulsions. Farther, the right half of the spinal chord has this influence on the trigeminal nerve, or the eucephalon of the right side, and the left half of the chord on one or other of these parts on the left side.—*Gaz. Heb., Feb. 1, 1856.*

Dropsy of the Pericardium—Paracentesis and Injections of Iodine.—M. Aran has demonstrated the feasibility of injecting the pericardium. Velpeau's ideas concerning injections into serous cavities

has thus become embodied. He included the pericardium among the membranes susceptible of treatment by the injection of iodine, and beginning with hydrocele, the practice has been advancing, until M. Aran has entered the very precincts of life, and with what success can be seen by the following condensed notes, from the *Gazette Medicale* :—

CASE.—The patient was a man aged 24 years. He entered the St. Antoine Hospital on the 27th of July, 1855, having before been treated there for pleurisy. He now had pericarditis, with extensive effusion. Fever, cephalalgia, great thirst; pulse 116. The local symptoms characteristic. Various remedies consistent with the patient's feeble habit were used without success. On the seventh of August he was threatened with suffocation. The local and general symptoms had increased. M. Aran decided to puncture the pericardium. He did so, selecting the fifth intercostal space as the point of entrance, and emptied the cavity of 28 ounces of fluid. He then injected a mixture of water and tincture of iodine, each an ounce and a-half, and one scruple of iodide of potassium. No pain followed the injection. A portion of the fluid was allowed to flow out, and then the wound was closed by graduated compresses. The dropsy returned, and in a fortnight the man was as bad as ever. On the 19th of August, M. Aran punctured again, drew off 45 ounces of dark albuminous fluid, and again injected the cavity with the same mixture, quadrupling the quantity of iodide of potassium. The effusion commenced to return the same evening, and increased until the 23d of August, when it began to diminish, and in the latter part of October the patient was well.

It is said that at London, as well as at Paris and in Germany, they talk of the future Medical Congress which ought to be held in September, 1856. The chief object of this Congress, in which all the distinguished medical men in the world should be invited to take part, should be the extinction, if not complete, at least partial, of the diseases which decimate most frequently the laboring classes. The project of this Congress, which has been announced on all sides, has, nevertheless, been recently denied by the English journals.—*Gaz. Heb.*, Feb. 1, 1856.

Calcareous Waters.—A few drops of hydrochloric acid taken before meals, entirely prevents the unpleasant symptoms affecting those who are obliged to use limestone water.—*Virg. Med. and Surg. Journal*.

Hæmostatic.—Dr. A. B. Butler recommends for hæmorrhage from various organs the administration of tannin in solution with elixir vitriol, in the proportion of four scruples of the former to an ounce of the latter, in doses of fifteen drops three times a-day, or more frequently if the symptoms demand it.—*Charleston Med. Journal.*

Symptoms affecting Workers in Caoutchouc.—The following observations are taken from notes read before the Académie de Médecine by M. Delpech.

Workers in caoutchouc are liable to various derangements of digestion, profound disturbance of the understanding, and serious alterations of the nervous system. The experiments upon animals justify the conclusion that the symptoms are attributable to the inhalation of sulphuret of carbon in a state of vapor.—*Jour. de Med. et de Chir. Prat.*

Green Hair.—M. Martin publishes a case of a worker in metals, having wrought in copper for the short time of only five months, whose hair was lately white, but now is of a decided green color. The man cannot appear in the streets without exciting general curiosity. His hair alone is affected by the metal. Chemical analysis discovers in it a notable quantity of acetate of copper.—*Ibid.*

Comparative Anatomy.—M. Leon Dufour states that “the nemoptera sees, breathes, walks, flies, eats, digests, secretes, and reproduces like all other insects; but the most careful scalpel, and eyes the most skilled in microtomical researches, have not been able to demonstrate either a brain, ganglia, or nerves.”—*Ibid.*

Cathartin (Der Cathartinkaffee. dessen Berestung und Gebrauch in Unterleibskrankheiten, von Dr. Brandeis in Baden-Baden. Karlsruhe 1855. Oreuzbauer und Viereok).

If senna leaves are extracted by cold water during 12 hours in a covered vessel, the brownish liquid contains only Cathartin and the pigment of the leaves, but not the ethereal oil, the resin, etc. Coffee prepared by means of such Cathartin-water, instead of ordinary water, is the best mode of administering this remedy, Cathartin not altering the smell and taste of coffee. The extract of 1 dr.—2 dr. of senna leaves—is sufficient for one or two cups of coffee, which usually effect one or two pappy evacuations of gray-greenish color; besides the copious secretion of dark yellow urine with a slimy sediment. Cathartin-coffee is of great use in chronic disorders of the bowels; it

must be taken every day or every other day ; one evacuation daily is sufficient, more than two are injurious. Plethoric persons, inclined to cephalic congestions, better take Cathartin-tea prepared in the same way as the coffee. This remedy can also be used as ordinary purgative ; children take it very easily. The author cured or relieved over 500 patients, suffering from different diseases of the bowels ; as diet, he recommends abstinence from fat victuals and from legumes. —*Translated by Dr. Stiebeling.*

A correspondent of the *Press*, of Paris, writes, on the 14th of February, to that journal :

“Typhus affections and scurvy constantly have victims in the hospitals. M. Baudens is occupied in placing the patients in the numerous barracks which stretch from the “Great Waters” to the Malasqué. They wish to lessen the excessive crowding together. They have just lost here two physicians, who were taken sick in the Crimea, Messieurs Lardy and Dalac. The latter died on board ship. The Sisters of Charity suffered cruelly. Three have died within eight days, fourteen have been compelled to leave their duties to enter the hospital of their community ; three have not been able to be moved on account of their critical condition.—*Gaz. Heb., Feb. 29, 1856.*

At the session on the 4th of January, of the section on Pharmacology of the Medical Society of Vienna, Doctor Scherzer made some statements concerning various plants, grains, and barks of trees, which the natives of Central America use as remedies in certain cases of disease, and which are now but little or not at all known in Europe. For example, the inhabitants of Guatemala use with success in intermittent fever the bark of a tree called *Chichike*, of which Doctor Scherzer presented to the Society some of the leaves, flowers, and bark. The merit of having first tried the bark, and of having made known its curative virtues, belongs to a physician of Guatemala, Dr. Farfan. The chichike is found in large quantities on the western slope of the Cordilleras, in the State of Guatemala, and does best on slightly moist lands, under a temperature of 80 or 82 degrees Fahrenheit. A quintal of the bark of the chichike costs in the port of Istapa, on the Pacific, but little more than 8 piasters, and Doctor S. has engaged to put that quantity at the disposal of the section on pharmacology, for new trials. Considering the high price of the cinchona bark, which increases constantly, the chichike bark, if its efficacy is certain, will be of great importance in therapeutics.—*Gaz. Heb., Feb. 15, 1856.*

The Microscope a "Detective."—Professor Ehrenberg's microscope, which did such good service in procuring undeniable proof of the Simonides fraud, has been made use of again, in Prussia, to detect the thief that stole a barrel of specie, which had been purloined on one of the railways. One of a number of barrels, that should all have contained coin, was found, on arrival at its destination, to have been emptied of its precious contents, and refilled with sand. On Professor Ehrenberg being consulted, he sent for samples of sand from all the stations along the different lines of railway that the specie had passed, and by means of his microscope identified the station from which the interpolated sand must have been taken. The station once fixed upon, it was not difficult to hit upon the culprit in the small number of employees on duty there.

Syphilis of the Bones.—Out of 115 cases observed by Dr. Suchanek, at Prof. Waller's clinic, he found syphilis of the bones to be more common than syphilis of the skin, and more rare than syphilis of the mucous membranes. Women were more affected than men, in the proportion of 5 to 3. In 55 per cent. of the cases, it was complicated with the cutaneous affection; in 31 per cent., with the exhibition upon the mucous membrane; in 12 per cent., with the disease in the lymphatic vessels.

In 97 cases, the affection of the bones had been preceded by chancres; in 18 cases, there had been no chancres; and of the 97 chancres, 2 only were indurated. In 4 cases, the disease was regarded as hereditary.

Syphilis of the bones became developed in 7 per cent. of the cases during the progress of the ulcers, and in 93 per cent. after the cure of the chancres.

Mercury and iodide of potassium were the therapeutic agents mostly employed. The average number of days in the combined method of treatment has been 97; with the simple method, the average was 37 days.—*Gazette Med. de Paris.*

Chloroform.—Dr. Finlay, reporting the result of the use of various remedies, says that he finds chloroform, administered internally to patients with typhoid fever and typhoid pneumonia, productive of the happiest effect. It produces sleep, and, he thinks, prevents intestinal ulceration, and checks and removes tympanitis. In fact, he declares that, if confined to one article, he would prefer chloroform to opium.

—*Counsellor.*

Substitutes for Quinine.—We find in the Archives Générales a paper by Dr. Felix Jacquot, giving the result of his experiments with quinine, arsenic, apiol, and hydrochlorate of ammonia, in the treatment of intermittent fevers.

Of the comparative effects of the first two mentioned articles, the general conclusion is, that the sulphate of quinine is not replaceable by arsenic. The per centage of cases cut short by quinine is 50, while the per centage of cases cut short by arsenic is hardly 14.

Of arsenic, he says: "It cannot for a moment be regarded as a substitute for quinine. It will probably find a limited place in the treatment of indigenous intermittent fevers, but it has absolutely no pretensions against the recent endemo-epidemic fevers of hot countries. We are scarcely authorized to use it except in fevers which resist all the preparations of bark. Uncertainty and contradiction reign over almost all points relative to arsenic. It is a medicine which we cannot handle with the double certainty of obtaining the effect desired and of avoiding the dangers connected with its administration."

Apiol finds no favor with M. Jacquot, and of hydrochlorate of ammonia he says, it bears no therapeutical pretensions in the intermittents of hot countries, and there is much doubt of its capability in those of our own climate. The observations are based on 282 cases. He is supported in his opinion by MM. Mayer Cordier, Pasquier, Armand, and Gougé, and especially by Dr. Minzi, who, after trial upon 400 cases, has abandoned arsenic for want of success.

Menorrhagia.—Dr. Farmer, in the London *Lancet*, recommends cinnamon in tinctura, given in drachm doses, every six hours, for the cure of menorrhagia. He says this agent acts specifically upon the uterus. It should be continued for a fortnight after the symptoms indicating its use have ceased.

Mania, as Influenced by Menstruation.—Dr. Clement Ollivier gives the result of his observation on this subject, in the *Jour. de Méd. et de Chirurg. Prat*, stating that, whenever a woman consults him with any mental disturbance or disease of the imagination, he never fails to discover some irregularity in menstruation, or some ulceration of the cervix uteri, the removal of which invariably destroys the mental affection.

In chronic cases of uterine affections, the disturbance of the mind has more than once been noticed at Dr. Barker's clinic, in this city ;

but the mental affection has not always been removed upon the cure of the disease as speedily as noticed by Ollivier. It has been necessary to address the mind directly, before the affection yielded. In one instance which we recall, several weeks elapsed before any amelioration of the mental symptoms was produced, and then it was by great adroitness and expert management.

American Surgeons in the Russian Service.—There are at present, twelve American surgeons serving in the Russian army in the South of Russia. Eight of these, Marshall, of California ; Smith, of New Orleans ; Weems, Hank, and Johnson, of Baltimore, Md. ; Hart, of Memphis, Tenn. ; Parke, of Illinois, and Clarke, of New York, are stationed at Simpheropol, in the Crimea. Drs. Bostwick, of New York city ; Oliver, of Boston, Mass. ; Morton, of Nashville, Tenn., and Smith, of Vermont, are stationed at Odessa. Thirteen others have served in the Crimea, of whom five have died there, seven have returned, and one died at Berlin, on his way to America. Dr. Draper, of New York, died of typhus fever at Sebastopol, on the 19th of March, 1855. Dr. King, of Charleston, South Carolina, died of typhus fever at Kertch, on the 20th of March, 1855. Dr. McMillan, of New Orleans, died of cholera, at Sebastopol, in June, 1855. Dr. Jones, of Maryland, died of cholera at Simpheropol, on the 24th of October, 1855, and Dr. Deninger, of Reading, Penn., died of cholera, at Simpheropol, on the 25th October, 1855. Dr. Stoddard, of Baltimore, Md., died at Berlin, on the 21st of January, 1856. Drs. Harris, of New York ; Turnipseed and Davega, of South Carolina ; Henry, of Mobile, Ala. ; Eldridge, of Maryland ; Reade, of Norristown, Penn. ; and Holt, of Georgia, have retired from the Russian service.

Dr. Ernest Cloquet.—We read in a letter from Teheran, dated November 1, and published in the *Moniteur*, that this gentleman, physician to the Shah of Persia since 1846, has just died, after severe suffering, the victim of a deplorable accident. He drank a large quantity of tincture of cantharides, which he had mistaken for brandy. M. Cloquet had been solicited by the late King Mehemet Shah from the French Government, who left the choice in the hands of the Academy of Medicine. M. Cloquet received a considerable salary, about £1400. He had married an Armenian lady in July last. His remains have been temporarily placed in the church of Vanek, a little Armenian village in the neighborhood of Teheran.—*Gaz. Hebdom., Dec. 14.*

EDITORIAL AND MISCELLANEOUS.

MR. ERICHSEN.—It is a principle with some persons never to acknowledge themselves in error, since, by this course, they preserve the prestige of infallibility—at least to their own minds, however readily others may be undeceived. It is impossible for us to find any other reason for an article published by this gentleman, in the London *Lancet*, during the last Winter, concerning the introduction of probangs into the trachea. Perhaps our readers are aware that he sometime since published a work on surgery, in which he asserted that this operation was *impossible*. He now repeats his assertion, and gives a wood cut, to show what is the curve which the whale-bone of the probang took, when he did *force* it into the trachea of a dead subject. It is sufficient to say, with regard to this, that the probang used by every one who professes to perform this operation, *cannot, by any means, be bent* into the shape which he gives in his cut, unless it has previously been soaked in hot water, when it possibly might be. Such arguments, while they admit of no answer, must fail to convince, though they do come from London.

WHAT IS MIND ?—At last a short answer to this question is found by Dr. Hunt, of Urbana, Illinois, and we give it for the benefit of any one who can understand it ; viz., “the traditional impress of force progression through brain matter.

RESIGNATION.—Dr. Luther V. Bell, who has become so eminent in the management of the McLean Asylum for the Insane, has retired from its superintendence. His place is filled by the election to it of Dr. Booth, for several years the assistant physician in the Institution.

AMERICAN MEDICAL ASSOCIATION.—The session of this Society, at Detroit, will be held in the “Firemen’s Hall,” corner of Jefferson avenue and Randolph street. The day is the *sixth* of May—the first Tuesday. Dr. Zina Pitcher will probably be President, as he is, we understand, the candidate of the profession of Detroit, as well as of the State of Michigan. It is a good nomination.

The following is the list of delegates from the principal Societies of this city :

From the Academy, Drs. Willard Parker, Beadle, Bolton, Buck, Bulkley, Clements, Corson, Detmold, Horace Green, J. W. Green,

Henschel, J. Foster Jenkins, Kissam, McNulty, Minor, Post, Purple, Sayre, J. M. Smith, C. D. Smith, Stephen Smith, Stone, Taylor, Vandervoort, Van Kleeck, Van Pelt, John Watson, Watts, Isaac Wood, and J. R. Wood.

From the Pathological Society, Drs. J. T. Metcalfe, A. C. Post, E. H. Parker, F. Nash, Holcombe, F. U. Johnston, Jr., Vermilyea, Sims, Hinton, Church, Schilling, Emmet, J. Lewis Smith.

PRACTICAL INSTRUCTION IN UTERINE DISEASES.—To any who may be desirous of more particular instruction in the diseases of women than can be obtained at the public clinics, we cordially commend the instructions of Dr. E. R. Pulling, of this city, who furnishes an article on obstetrical statistics for this number. He is the resident physician to the Lying-In Asylum, and possesses abundant facilities otherwise, for instructing his pupils practically. His classes—which are only two in number—are limited to five pupils each, so that there is no hindrance from too great numbers. His terms are very moderate. Dr. Pulling's address is 85 Marion street.

MEDICAL JOURNAL OF MONTEVIDEO.—We have received several numbers of the Journal of the Montevideo Medical Society (*Anales de la Sociedad de Medicina Montevideana*). The journal was originated under the auspices of the Montevideo Medical Society, according to primal intention, as set forth in their Constitution, in which one of the principal objects of the Society is declared to be the foundation of a periodical, in which to publish the transactions of the Association, a resumé of correspondence, papers presented by members—subject to approval by the Society—cases of importance and of practical value, as furnished by the hospital, and native and foreign periodicals, and all matters of scientific interest.

The numbers before us give indication of energy, the latest numbers showing improvement and progression, being superior to the first, which dates November, 1853. The original articles are marked with ability and vigor, while the review of foreign journals, and the editorials, are creditable to the management. One peculiar feature of this periodical, which is of scientific value, is a quarterly publication of a meteorological bulletin, with hygienic observations. The Journal deserves a better artistic appearance than it presents, and we hope it may prosper and continue in its support of science, making its regular appearance on our table. We shall, as occasion presents, honor ourselves with extracts from its pages.

LITHOGRAPH OF DR. J. R. WOOD.—We have received copies of a lithographic likeness of this gentleman, together with the following correspondence, and are happy to comply with the request to publish it. When we say that it is by D'Avignon, from an ambrotype by Brady, we hardly need to add that it is well done.

NEW YORK, Feb. 5, 1856.

Dear Sir :—At a meeting of the graduates and students of your class, the undersigned were appointed a committee to solicit you to sit for an ambrotype likeness of yourself for their use.

In asking this favor, we feel that your acquiescence would be another evidence of the kind consideration of one whose character, both private and professional, has been an object of their highest regard, and whose untiring efforts for our professional advancement will ever be most gratefully remembered.

We remain, very respectfully, your humble servants,

W. F. LINDSAY, Chairman.

LYMAN FISK, M.D., Secretary.

W. H. NICHOLS,

W. H. CLUSSMAN, M.D.

GEORGE F. WOODWARD, M.D.

SYLVESTER TEATES, M.D.

To Dr. JAMES R. WOOD, No. 2 Irving Place.

NEW YORK, 2nd month, 8th, 1856.

Gentlemen :—Your favor of 5th, requesting of me an ambrotype likeness for your use, was duly received.

Some years since, a similar request was made by some of my students. Although feeling highly flattered, for many reasons I declined the honor at that time.

The renewed application of the graduates from my office, and my present students, now compels me to grant your request.

I remain very respectfully yours, JAMES R. WOOD.

To Messrs. LINDSAY, TEATES, CLUSSMAN, NICHOLS, WOODWARD, &c.

ANATOMICAL DRAUGHTING.—To those who may wish drawings of any anatomical or pathological preparations, dry or recent, we shall be doing a favor, by saying that they can depend on its being *well* done by engaging the services of Mr. S. Sicard David, of this city. We make this unasked notice of the fact because we know by experience that Mr. David is able to do what he undertakes; and to those who doubt, we shall be happy to show a drawing in water colors of a simple perforating ulcer of the stomach, which he has done for us, beside some other work.

BOOK NOTICES.

Atlas of Cutaneous Diseases. By J. MOORE NELIGAN, M.D., &c., &c. Blanchard & Lea, Philadelphia. (From Wiley & Halsted.)

This is a quarto, containing fifteen plates, each with from three to six colored lithographs of various cutaneous diseases, and one of the insects or fungi that produce some of these disorders. To give perfect accuracy to drawings of diseases of the skin, they require to be colored by hand, each separately. This is, however, a very expensive process, and the colored lithograph comes next in excellence, though at some distance behind. These, on the whole, are well done, and, at a little distance, give a good idea of the various diseases. The letterpress, of which there is a page for each plate, gives little more than the name of the disease represented and the reference to the case, as described in the author's "practical treatise" on the same class of disorders. The plates can, however, be used with other treatises.

The Principles of Surgery. By JAMES MILLER, Professor of Surgery in the University of Edinburgh, &c., &c. Fourth American from the third and revised English edition. 240 illustrations. Blanchard & Lea. pp. 696. (From Wiley & Halsted.)

Prof. Miller's work is too well known to require an extended notice. This edition is a reprint of the last English edition, and contains all the author's amendments. It is one of the standard works on Surgery.

On Organic Diseases and Functional Disorders of the Stomach. By GEORGE BUDD, M.D., &c. Blanchard & Lea. (From Wiley & Halsted.)

This is the same work that we have previously noticed as republished by S. S. & W. Wood, of this city. Concerning the matter, we have nothing additional to say. As to the style in which it is reprinted, we decidedly prefer the New York edition.

A Practical Chart of Auscultation and Percussion, for the use of Students. By T. GAILLARD THOMAS, M.D. New York.

Charts were never of any great use to us, but to others we have known them to be very beneficial. This one is by a gentleman of ability, and has the rare merit of being concise, and yet sufficiently full for all those purposes for which a chart is designed. It will be of great convenience to those students who are devoting themselves

to the study of the diagnosis of diseases of the chest. It is put in covers, a great improvement.

An Analytical Compendium of the Various Branches of Medical Science, for the Use and Examination of Students. By JOHN NEILL, M.D., &c., and F. G. SMITH, M.D., &c. A new edition, revised and improved. 374 illustrations. pp. 974. Blanchard & Lea. (From Wiley & Halsted)

If we were to say all that we think of this book, our notice would grow into a review, and this we propose to let it do at some day. Meantime, our readers must be content with the knowledge of the fact, that a new edition is issued, revised and improved, and that its mechanical execution is in the usual good style of the publishers. It is divided into seven different parts, and, in fact, consists of as many books, on the subjects of Anatomy, Physiology, Surgery, Obstetrics, Chemistry, Materia Medica and Therapeutics, and Practice of Medicine. It abounds in wood cuts.

English Editions at the Price of Reprints.

Will our readers notice Balliere's proposal to furnish English works as cheap as the reprints. A good idea for authors and purchasers.

The Action of Medicines in the System. By FREDERICK W. HEADLAND, M.B., &c. Second American from the second English edition. Lindsay & Blakiston. (From E. P. Rudd, 18 Ann street.)

At present we have neither time nor space to review this essay "on the mode in which therapeutic agents, introduced into the stomach, produce their peculiar effects on the animal economy." The first edition was some time ago laid before the profession, but this is revised and enlarged, and the subjects it presents for discussion are so numerous, that we hope to indulge in the luxury of a review of it hereafter.

A Chart of Incompatibles and Poisons, embracing the Chemical Theory of the former, and the Antidotes, Tests, &c., appropriate to the latter. By J. W. HOYT, A.M., M.D.

This is a large broadside, and contains enough matter for a small book, so condensed as to be understood only by those of some proficiency in chemistry, and so arranged as to be read with ease by no one. The author has, no doubt, spent much labor on it, but it is not clear to us how it can be of use to any one.

THE AMERICAN MEDICAL MONTHLY.

JUNE, 1856.

ESSAYS, MONOGRAPHS, AND CASES

Deformities and Their Remedy. By H. G. DAVIS, M.D.

(Concluded.)

In order to arrive at some more definite knowledge of the various uses of the *right* arm and its auxiliary muscles, in which the *left* and its auxiliary muscles do not participate, let us recount a portion of them.

From earliest infancy, the child is taught with most assiduous attention to take and hold everything that is given it in its right hand, and there appears to be an extreme anxiety that the child will be left-handed. As for myself, I cannot conceive why we should not bestow as much care to cultivate the use of both hands and arms, as we should of both legs, or both eyes; and I can see no possible objection to the left hand being as *dextrous* as the right. It is not infrequent that the surgeon requires as ready a control of the movements of the left hand and arm, in some operations and manipulations, as he does of the right; and I have often found that the left hand and arm can be made to accomplish as much as the right; but, in order to do it, the whole attention must be directed to its movements, and the will concentrated to control its actions. The sympathy

between the brain and the contractions of the muscles in the performance of any movement, depends very much upon culture or habit. This fact has a greater influence upon the symmetry of the body than would at first appear, for the result will be a deformity, necessarily. After the child is able to amuse itself with playthings, they are all held by the right hand ; and when it is able to drive a hoop, toss a ball, and throw the shuttlecock, when it carries its books to school, sews, embroiders, draws, paints, writes, marks upon the blackboard, it is with the right hand that almost everything is done, to the exclusion of the left ; and in females, so far as much labor is concerned, the left arm and hand could be dispensed with. Compare these exercises with those of boys of the same age. Observe him as he plays at ball, flies his kite, skates, rides down hill upon his sled, or as he goes and comes from school, and see the endless variety of attitudes into which he throws himself ; notice his rough and tumble sports with his mates, and say if there is not reason sufficient why *his* body should be well balanced by his muscles, while that of his sister may be gyrated or drawn to one side, as her partial exercise may induce.

This *unequal* exercise, and consequent unequal development of the two sides of the body, furnishes sufficient cause for so many Misses and young ladies being affected with curvature of the spine, also why it is located upon the right side. It furnishes a good reason, likewise, for the difference in the size of the shoulders. The muscles about the right scapula possess much more volume than those upon the opposite side. We should undoubtedly see the lower limbs similarly affected, were they exposed to the same causes. Another cause of curvature may sometimes exist, but it is not very common. I allude to a lax and feeble state of the whole muscular system. In these cases the body becomes deformed from the want of support, the weight throwing it into irregular shapes. The prophylactic treatment in the former cases would be to give *equal* exercise to both sides of the body, that there may be symmetry of development, and equality of contractile force in all the muscles that serve to support the spinal column. In the latter, arising from muscular debility, the effort should be to invigorate by

tonics, cold bathing, friction, &c., together with a suitable amount of exercise.

In most young persons predisposed to lateral curvature, the trunk is long in proportion to the ribs, and the chest small in circumference. This may be one reason why this class are so predisposed to phthisis, after the curvature takes place, rendering them almost certain to succumb to it, unless the curvature is remedied and the thorax enlarged by a proper system of exercise. If this contracted state of the chest predisposes either mechanically, by contraction and compression, or by rendering the general tone of the muscular system feeble, in either way, or in both combined, to develop curvature, it becomes highly important that measures should be adopted in early life to counteract it, and treatment should be resorted to sufficiently early, that the system may not suffer, although no curvature may manifest itself. A large portion of lateral curvatures commence about puberty, when the bony structure is growing most rapidly. In this transition state, the muscular system exhibits a degree of weakness or lassitude, and, apparently, is unable to sustain the spinal column in its normal position; in addition, if the chest is small, the muscles connected with the ribs, and exerting an important influence in sustaining the spinal column in its normal position, are near to the spine, and there is necessarily a loss of mechanical power over it, in consequence of these levers being short.

From the frequency of curvatures in persons with narrow chests, and from its occurring at the period when the loss of leverage is greatest, in proportion to the height, and also, when the muscular system is imperfectly developed in proportion to the osseous, it is evident that a system of exercise, having *special* reference to enlarging the chest, would be an efficient means of preventing curvature. Were this consideration not sufficient to induce its adoption, the advantages of a full and well developed chest, and a corresponding volume of lungs, would be ample remuneration, and encouragement for the labor necessary to attain them.

The all-wise Creator has given a well-developed man a much larger volume of lungs than is necessary for carrying on *their* function, under ordinary circumstances. Were this otherwise,

the first attack of inflammation, the first influenza, or any accidental cause that positively impaired respiration, would necessarily destroy life.

With a well-developed chest, one lung would be all that would be required to perform the function of respiration when in a state of rest. If we are thus guarded against acute diseases and accidents, why not profit by this kind hint of nature, and increase by suitable exercise the thorax, and thus the quantity of lungs? For I hold that the lungs, in health, are dependent upon the size of the chest, and will always enlarge to fill it when the cavity is increased. In the increased volume of lungs, we have our surest safeguard against that constitutional tendency to tuberculosis. The vigorous health accompanying large lungs, other things being equal, is a state of the system in which it is difficult for tubercle to develop itself. Again, digestion and assimilation are intimately connected with a full chest. We see the amount of food consumed and digested by those visiting the Polar regions, where the air is dense in proportion to the degree of cold, and the *same* lungs would consequently consume a much greater amount of oxygen than they would in a milder latitude. In Dr. Kane's expedition, each of his men would digest food sufficient for six, even in this latitude. Respiration and assimilation are in proportion, other things being equal, or in other words, we can digest food in proportion to our respiration.

Another consideration to induce to effort for a full development of the chest is that we can support an amount of disease of the lungs, without inconvenience, that would destroy life if located in a small chest. If the disease is chronic, as tubercular diseases generally are, we can allow half of our lungs to become involved before the system would suffer; and this state of the parts I have seen in the cadaver of sailors dying with some acute form of disease. This fact, the size of the chest and the dimensions of the lungs, fully accounts for some of our failures in treating phthisis. We have all of us undoubtedly had patients that appeared to improve under treatment until their cough and expectoration subsided, and we entertained strong hopes of their recovery; but one symptom was not in accordance with the improvement in the cough and exputa.

The patients did not gain strength and flesh as the other symptoms subsided. After a longer or shorter period they began to fail again, and this time without any hope of amelioration. So that there may be cases in which every particle of disease of the lungs might be cured, and yet the patient will as surely die as if he were limited to an allowance of food not sufficient to support life. He dies in a proportional time as the lungs fall short of sustaining life by performing their functions. We hear the poor spoken of as starving for want of food, but never as starving for the want of air. The latter is as certain as the former, and were the immediate suffering as great, we should hear a louder complaint from the want of air than the want of food. To cure a case like those referred to, we must increase the volume of lungs, or all our treatment will be ultimately abortive. That this can be done is as evident as that we can increase the volume of the muscles of the arm by exercise; and I have seen, repeatedly, a cough subside, when it was evidently owing to tubercle, without any medication, and where there was emaciation, with cough and general muscular weakness, together with the evidences as manifested by auscultation and percussion, existing in a person whose antecedents proved a strong hereditary tendency to tubercular deposit. In such cases I have seen them recover with an apparent removal of all the tubercular deposit. From an experience of this kind, extending through a period of thirteen years, of private practice, during which time I did not have one patient, in the families under my care, from phthisis; and this was in a community where the tendency to this disease was equal to other parts of the Northern States. This fact is more conclusive to my mind than a few cases of recovery, where the physical signs indicated phthisis, for the period of time leaves no doubt that during it there would have been among these families many deaths from this cause. Were I treating of phthisis, I could relate many instances to corroborate these statements. I will, however, cite one, under treatment by special exercise, for lateral curvature. Some sixteen years since, a physician put under my care his sister-in-law, for lateral curvature of the spine. She had cough, emaciation, palpitation of the heart, and was so feeble as to be under

the necessity of resting in going up stairs. She happened to be weighed the day before she commenced treatment. I ought to remark that her brother-in-law thought her in consumption, and that she would not live but a few months. I put her upon a system of exercise such as will be hereafter described. She was very faithful, and made it her *entire* business, as much so as though she had been laboring for wages.

Her appetite, which before had been feeble, immediately began to improve, until it became enormous, so much so that nothing eatable was refused because it did not please the palate. In fourteen days she gained ten pounds; in four months twenty-eight, when she stopped her exercise entirely, having gradually diminished it from the first few weeks to this time. Her cough, palpitation, &c., all left her, and her chest was, by her measure, four inches larger in circumference than before, and when compared with her small face, actually looked abnormal. Her lungs have never troubled her since.

This case illustrates the effect of this mode of exercise in enlarging the chest, and consequently the lungs, also the intimate connection between the quantity of inspired air and the amount of food digested and assimilated. This case was more marked in its results because the cause producing them was greater, for she made it her entire business for some weeks, as though her life depended upon it, and the effect was in the same proportion. Although it may appear preposterous, and apparently exhibit the exaggerated views of an enthusiast, yet it is my firm conviction that seven-eighths of all those inheriting a predisposition to phthisis may be saved by developing the chest to its full capacity in early life.

Our systems, or rather, I should say, the individual exercises that are generally recommended by the profession, as well as others, remind me of our phraseology in reference to our houses and our bodies. We speak of keeping the cold out of our houses, of keeping the cold from our bodies, &c., when, in both instances, our effort should be to keep the heat in our houses and about our persons. In many, in fact all of the exercises, with the exception of a few practised at the gymnasiums, are upon this principle, and these are instituted for the purpose of variety, and without any philosophical idea of how they affect the chest.

The majority of these exercises oblige the athlete to draw his breath and fix the chest while the effort is being made ; now this is precisely what we do not wish. The process should be such as to leave free the diaphragm, the intercostal muscles, and all those muscles that are connected with the ribs and are inserted into the scapula or humerus, and should *not be fixed*, while exercising to enlarge the chest. In using the arm as a motive power, we are obliged to fix the chest, in order to exert the full force of the muscles upon it, as otherwise the muscles would contract between two movable points, and would loose a portion of their power upon the arm. Again, there is a fixed connection in this mode of action, (the fixed chest and the use of the arm,) in the sympathy of the nervous system. If we take, for instance, a strip of rubber, that, with a full inspiration, we can stretch it to the full extent of our arms, and attempt it with an empty chest, or the air expelled, we shall at once feel, when we make the effort, that we have lost the greater portion of our power ; there is that feeling of impotence peculiar to the loss of nervous influence. It is evident, then, that there are many things that we can do in the way of exercise, that do not exert any direct, specific influence to mechanically enlarge the chest. They may do good to a person of sedentary habits, as a general exercise for the whole body, but *not* for the peculiar purpose of increasing the size of the chest. It should be kept in mind that the muscles that go to the scapula and head of the humerus are all muscles of voluntary respiration, and, when used for this purpose, contract in the opposite direction from their action when used to operate the arm. When used as in voluntary respiration, their effort is to act upon and expand the chest to a degree that the *involuntary* muscles are incapable of. In this action the intercostal muscles and the diaphragm, the muscles arising from the spine, and the crest of the ilium and inserted into the ribs, are *not exerted to confine them*, as in the use of the arm, but perfectly relaxed, that the chest may be expanded to its fullest extent. This is the sympathetic action, as in respiration. The shoulder is fixed, and all the muscles attached to it, and connected with the ribs and sternum, act from the shoulder, because their object is to lift the ribs and expand the chest. These muscles

have two sets of nerves, and can be acted upon both ways. The usual mode is for the use of the arm. In this case the opposite point of insertion must be fixed ; but when they are used to increase respiration, the shoulder is fixed, and the parts to which the other end is attached, are movable, viz., the ribs and sternum. This changeable action of these muscles, making either end the fixed point, lies at the foundation of all efforts for developing the chest.

A tin whistle, or a silver tube, may accomplish something towards dilating air cells, but the retaining of air in the lungs after it has performed its office, certainly cannot be beneficial, and, at all events, must be a great drawback upon any advantage that might accrue from the compression of the air in the lungs, by the contraction of the chest. Besides, if we can produce all the pressure with pure air, that it is probably safe to attempt, and without any of the *disadvantages* arising from the other process, it deserves the preference ; for when we effect a vacuum in the chest, by raising the ribs, &c., as in the act of inspiration, we leave the air cells exposed to the whole pressure of the atmosphere, which amounts to about fifteen pounds to the square inch, quite sufficient, one would think, for all practicable purposes, in dilating the air cells. If the mode to which allusion has been made, by retaining the air in the chest, under pressure by muscular effort, is equally powerful, yet there would be serious objections, on the ground that respiration is impeded during the process, whereas in the way I propose, the pressure is exerted by pure air, while at the same time the lungs are receiving an extra quantity, and are in no way impeded in discharging it ; so that the difference upon the system might well be compared, in the one case, to the stomach retaining a quantity of undigested food, while, in the other, it not only took a larger quantity, but perfectly digested it. The one deranges the system, while the other nourishes it.

In the plan I propose for enlarging the chest, the hands are made the fixed point, and all the muscles that are used in *voluntary* respiration contract, as in performing that function ; consequently, as I have before stated, the chest is left free to expand, according to the amount of force excited by these muscles. *Any* exercise upon this principle, serves to enlarge

the chest. The principle is involved in the act of climbing, in swinging by the hands, drawing one's self up by the hands, &c. —any exercise, in fact, in which we sustain more or less of the weight of the body by the hands.

Youth is the best period for permanently increasing the relative size of the thorax. Yet there is no period, perhaps, when perseverance would not accomplish much. In all persons possessing a tendency to tuberculosis, it should be practised as a matter of business, and for some months. An occasional effort, for a few minutes, will not secure the object; but any one who will devote one hour or more each day to it, will find himself fully repaid for all his toil, by the increased vitality and vigor of his system, enabling him to enjoy life with a new zest.

823 Broadway.

Selections from Favorite Prescriptions of Living American Practitioners. (Continued.) By HORACE GREEN, M.D.

Excitants and Alteratives.

In the therapeutical classification of medicinal agents, by Dr. Thomson, *iodine* and its compounds are arranged under the head of excitants.

Uncombined, iodine is a powerful excitant, stimulating the tissues of the organs and accelerating their action. In some of its combinations, it acts with much energy upon the capillary and secretory systems, combined with mercury it is a most valuable alterative, and in combination with potassium it not only stimulates the whole of the glandular system, but acts in a special manner upon the kidneys. It is Dr. Clark's opinion, that the action of iodine upon the animal economy resembles in a great degree that of mercury. In some respects the therapeutical effects of these two remedies may be similar. The action of the tissues of the organs is accelerated, and the excretory system is promoted, it is true, by both remedies, but not in the same degree. Paleness, or blanching, is frequently produced by a course of mercury, an effect which has been ascribed to the diminished number of red globules of the blood;

whilst on the other hand, an increased nutrition of the body, or *embonpoint*, is the frequent result of the employment of iodine.

We have found no other general remedy, to compare, in its beneficial effects, with that of iodine and its compounds in the commencement of the treatment of follicular, and other diseases of the air-passages.

In uncomplicated folliculitis of the pharyngo-laryngeal membrane, the administration of the following mixture, conjoined with the topical applications of a solution of the crystals of nitrate of silver, to the diseased membrane, will in most cases effect a speedy cure :

R Potass. Iodid.	3ij
Tinct. Rhei.	3i
Syr. Sarsa. co.	
Aquæ font. aa.	3ij

Fiat misturæ, cujus sumatur cochl. parv. mane ac nocte.

In chronic bronchitis, whether idiopathic, or consequent upon follicular disease, we have derived great advantage from the use of the subjoined preparation :

R Decoc. Polygalæ	3v
Potass. Iodid.	3iij
Tr. Opii Camphor.	3j
Syrupi. Tolutan.	3ij

Fiat misturæ. Capiat Cochleare parvum bis in die.

Although the constitutional effects of iodide of potassium are very analogous to those of iodine, yet it may be given in larger doses, and for a longer period, without producing disorder of the system, than the free iodine. When indications of a scrofulous diathesis are present, in any case, it will be preferable, and will prove more efficacious, to exhibit the two preparations in combination :

R Iodini puræ.	gr. vj
Potass. Iodid.	3iss
Tinct. Cardamon.	3i
Syr. Sarsa. co.	3iij

Fiat misturæ. Exhibe cochl. parv. bis terve in die.

In the treatment of asthma, particularly when this disease is consequent upon, or is complicated with, bronchial inflamma-

tion, we have found the iodide of potassium, conjoined with the use of *lobelia*, and decoc. *Polygalæ* prove greatly beneficial.

R Potass. Iodid. ℥ij
 Decoc. *Polygalæ* ℥iv
 Tinct. *Lobeliæ*
 “ *Opii Camphor*, aa. ℥i
 Fiat mist. capiat. cochl. parv. bis terve in die.

The iodides, which are formed by the combination of iodine and mercury, are valuable medicinal agents.

The protiodide of mercury, and the biniodide are the preparations ordinarily used in the treatment of disease. But for several years we have been accustomed to use a combination of the protiodide of mercury, with the iodide of potassium, by which combination a double salt, a hydrargyro-iodide of potassium is formed, a remedy which in our experience has proved altogether the best alterative we have ever employed :

R Proto. Iodid. Hydrarg. gr.ijj
 Potass. Iodid. ℥ij
 Tinct. *Rhei*. ℥i
 Syr. *Sarsa* : co. ℥ij
 Fiat misturæ, et date cochl. parv. bis in die.

We desire to call particular attention to this compound, because of the striking advantages we have obtained from its use in the treatment of disease. Administered in the early stage of tuberculosis, or in cases of obstinate and long-continued follicular laryngitis, with ulcerations of the epiglottis, or within the larynx, this medicine, as a general remedy, has proved more efficient, in our experience, than any other single agent in the *Materia Medica*. In secondary, or constitutional syphilis, it will be found an invaluable remedy. Under its administration, the syphilitic, ulcerated throat will quickly assume a more healthy appearance; and, ordinarily, will heal rapidly, when appropriate topical measures are conjoined. We generally commence the treatment of such cases, by administering the following combinations

R Potass. Iodid. ℥ij
 Proto Iodid. Hydrarg. gr.ijss
 Tinct. *Gentianæ*
 Syr. *Sarsa* : co. aa ℥ij
 Misce. Sumantur cochlearia parv. bis terve in die.

The apothecary will sometimes object to the above combinations, because a decomposition is effected—the protiodide of mercury being converted, by the iodide of potassium, into the *biniodide*, and metallic mercury. But it is well known to chemists, that these different iodides will unite together in different proportions, by which those compounds, which Berzelius terms *double iodides*, are formed. The biniodide thus formed in the above solution, immediately unites with a portion of the iodide of potassium, in solution, and a double salt—the *Hydrargyro Iodide of Potassium*, is the result.

Our experience in the employment of this therapeutic agent has been extensive, and we have found it more efficacious, in the treatment of disease, in a fourfold degree, than the use of either the protiodide, or the biniodide alone.

PROCEEDINGS OF SOCIETIES.

Ninth Annual Session of the American Medical Association.

The Association met at Firemen's Hall, on Tuesday, May 6th, at eleven o'clock, A. M., and was called to order by the President, Dr. G. B. Wood, of Pennsylvania. Dr. D. Tilden, of Ohio, Vice-President, occupied a seat upon the platform. Dr. William Brodie, of Detroit, Secretary.

Dr. Pitcher, of Michigan, in behalf of the Committee of Arrangements, said :—

MR. PRESIDENT—In the name of the Physicians of Michigan, who are here represented by delegates from their State, District, and more local societies, we welcome the members of the Medical Association to the State and city of our adoption.

As children who have wandered from the family altar, to improve their fortunes in new and distant lands, would meet with bounding hearts the patriarch of their early home, so we, whose lot has been cast in the forests of the West, now greet with kind emotions the delegates from the old colonial States, hallowed in our memories by their revolutionary associations, honored for the elegance and durability of their seats of learning, and cherished as the home or the birthplace of many of the most brilliant and highly-cultivated intellects in our national domain.

With a fraternal attachment no less ardent, we receive the members coming from those other States of the confederacy, which, like

our own, have a position among the stars of the Union, but by the accident of birth are excluded from a place among the stripes of our national escutcheon.

And to our brethren who are here, by invitation, from the British Provinces in America, with whom, from a common ancestry, we have derived, by inheritance, our best and earliest ideas of civil liberty, much of our literature, and many of the practical precepts which regulate our art, we offer a like and cordial reception.

Although actively engaged in the battle of life, and earnestly struggling to overcome the obstacles which, in an undeveloped country, lie in the way of professional success, we have striven, like the devoted Parsee, to keep alive the fire which, in our youth, we kindled at the altars of those Magi who now come—not like the wise men of the East, under the guidance of a new risen star, by acts of devotion to celebrate the advent of a Messiah—but to receive from us, on this ground, from which the foot-prints of the savage have scarcely been erased by the plough-share of the white man, where the echoes of the boat-song of the lively Gascon may still be heard between the strokes of the paddle-wheel and the whistlings of the locomotive, the tokens of a sincere friendship, the acknowledgment of a legitimate paternity, and the homage due from filial and grateful hearts.

The student of our political history is well aware that, under the pressure of exterior force, we have been compelled, on five different occasions, to change our national colors, but never to abjure the faith of our political sires ;—so now we intend steadfastly to stand by the true in medicine, under all the forms of temptation, as we will, under all the phases of political fanaticism, defend the ark of the covenant of our political fathers.

We pray that the meetings of this Association, though purely scientific in its aim, may be so conducted as to become instrumental in promoting these great ends.

Again, gentlemen, we bid you, from whatever land, or State, or section of the country you may have come, in the name of common brotherhood in science, a warm and cordial welcome.

The roll was then called by Dr. Wister, of Pennsylvania.

On motion of Dr. Thomson, of Delaware, a recess of fifteen minutes was taken, to allow the delegates from the respective States to report one member from each State represented, as a committee to nominate officers for the ensuing year.

At the expiration of the recess, the Association was called to order, and the different State delegations then reported their choice, respectively, of delegate to serve on the nominating committee, which was constituted as follows :—

Maine—N. P. Monroe ; *New Hampshire*—H. Peirce ; *Vermont*—C. L. Allen ; *Massachusetts*—H. H. Childs ; *Rhode Island*—J. E. Warren ; *Connecticut*—David Harrison ; *New York*—William Rock-

well ; *New Jersey*—L. A. Smith ; *Pennsylvania*—John Neill ; *Delaware*—J. W. Thomson ; *Maryland*—P. Wroth ; *South Carolina*—E. Geddings ; *Tennessee*—J. B. Lindsley ; *Kentucky*—W. S. Sutton ; *Minnesota*—C. W. Le Boutillier ; *Michigan*—M. Gunn ; *Ohio*—Thomas W. Gordon ; *Indiana*—Dr. Winton ; *Illinois*—H. Noble ; *Wisconsin*—W. H. Brisbane.

After the Nominating Committee had retired, Dr. Pitcher, of Michigan, from the Committee of Arrangements, submitted the following report :

In conformity to the domestic and social usages of the place of meeting, the Committee have to suggest that the sessions of the Association take place in accordance with the following plan, and that they commence and terminate each day at the hours designated therein :

Tuesday—Morning session begins at 9 A. M. and ends at half-past 12 M. Afternoon session begins at 2 P. M. and ends at 5 P. M.

Wednesday—Morning session begins at 9 A. M. and ends at half-past 12 M. Afternoon no session.

Thursday—Morning session begins at 9 A. M. and ends at half-past 12 M. Afternoon session begins at 2 and ends at 5 P. M.

Friday—Morning session begins at 9 o'clock A. M.

This arrangement of the hours of meeting and adjournment conforms, also, to the suggestions contained in the resolutions of Dr. N. S. Davis, of Illinois, and which were, on his motion, referred to this Committee for their consideration by a vote of the Association. Regard for the mover of the resolutions, and the authority of the body by which they were submitted to us, requires from the Committee a respectful reply. Your Committee, in view of the existing state of our professional literature, feel reluctant to advise a departure from the present mode of laboring to promote a higher degree of culture in those preparing to become members of the medical profession, and to establish in those already engaged in its duties a habit of recording the results of their observations. They think that the effects of such a change as is contemplated in the resolutions of Professor Davis, and the more amplified expression of his idea, contained in the address of the then President, Dr. Pope, of Missouri, delivered at Philadelphia, in 1855, can be easily foreseen. To a few who are gifted with colloquial powers, and to others who have undergone the discipline required to fit them for public debate, the interest of the meetings conducted upon the plan proposed in the resolutions would be greatly increased, but as the great body of the Association would, voluntarily, it is true, be excluded from participation in these exercises, the enthusiasm which now characterizes our anniversaries would subside, and with it the professional *esprit du corps* which has been already developed through the instrumentality of the Association. We presume that the objects for which this organization was effected have not been lost sight of by the majority of its members. Neither

can it be pretended that those purposes have been so far accomplished as to justify us in laying it aside, or of diverting it from its original design.

Your Committee feel that the profession has no right to rail at the public for misappreciation of it, so long as we continue to admit men into its folds destitute of that knowledge, both in nature and degree, necessary to make a decent appearance in general society, or to fit a man for the more ordinary and less responsible pursuits of life. From the early records of the Association it appears that this conviction, on the part of the profession in the United States connected with the design of reforming, in certain particulars, the medical schools of our country, led to its organization in 1847, and until its mission in both respects has been accomplished, the Committee would reluctantly recommend the adoption of any measure tending in their judgment to divert it from the design of its creation. Thus far the influence of the Association has gradually extended itself into the rank and file of the profession. It has increased the number of writers, given an impulse to the medical mind, and encouraged a useful and laborious class, gratified to observe and willing to submit their observations to the public, because they can be incorporated into the body of the transactions without being subjected to a sifting criticism. It is true, that in this way, articles have been printed that did not always enure to the credit of the Association, but at the same time, and by that means, motion and fertility have been given to minds that would have lain fallow and unproductive, which the dread of the conspicuity belonging to a mental gymnasium would have driven into deeper obscurity. The Committee, however, whilst they would resist any tendency to radicalism in their own opinions, cannot dismiss the subject without expressing their belief that, in order to secure the objects of our organization, it is as necessary to increase the breadth and depth of its base as to elevate the shaft designed to spring from it, for without such preparation, the superstructure, however beautiful in aspect, would be of transient duration.

Having arranged the hours for meeting and adjourning, so as to place it in the power of the Association to adopt or reject, without inconvenience, the proposition of Dr. Davis, the Committee respectfully ask to be excused for submitting a distinct proposition on the subject.

By order of the Committee of Arrangements,

Z. PITCHER, Chairman.

The report was accepted.

The President announced the death of the eminent Dr. John C. Warren, of Boston, Mass., in that city, on Sunday morning.

Dr. Childs, of Mass., felt compelled to say a few words in this connection. He had been associated with the deceased for more than half a century, and should feel that he had been derelict of duty if he neglected to speak in his laudation. Dr. Warren was the nephew of Joseph Warren, who fell gloriously at the battle of Bunker Hill. He

was at the head of his profession in Massachusetts—had been President of the State Medical Society, and occupant of other elevated medical positions. His professional reputation was spotless. His fame was not confined to Massachusetts. Though devoted to medical science, he was not limited to that alone, but paid attention to every branch of literature and art. If young members of the profession would be useful and eminent, they should follow the example of Dr. John C. Warren. To the older, the speaker would point out Dr. W.'s moral character as an exemplar.

Dr. Gross, of Kentucky, made some remarks eulogistic of the deceased. He alluded to his high reputation—a reputation, he observed, not confined to America, but extending to every corner of the civilized world. Dr. Warren was the Nestor of American surgery. Dr. G. concluded by offering the following :

Resolved, That a Committee of five be appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate, Dr. John C. Warren.

The resolution was adopted, and the President appointed as such Committee, Dr. Gross of Kentucky, Dr. Childs of Massachusetts, Dr. J. R. Wood of New York, Dr. Pitcher of Michigan, and Dr. Geddings of South Carolina.

On motion, the Association adjourned to 2 P. M.

AFTERNOON SESSION.

The Secretary read a letter from Dr. Grafton Tyler, of the District of Columbia, one of the Vice-Presidents, expressing his regret at not being able to attend this Convention.

He also read an invitation to this Association from the Tennessee Medical Society, and also from individual physicians of Nashville, tending the hospitalities of that city, and the use of the Legislative Hall, for the sessions of the Association, to hold its next meeting at that city. Referred to the committee on nominations.

The committee on nominations reported that they had chosen the following officers, for the ensuing year :—

President—Zina Pitcher, of Detroit. Vice-Presidents—T. W. Blatchford, New York ; W. H. Boling, Alabama ; E. Geddings, South Carolina ; and W. H. Brisbane, Wisconsin. Secretaries—William Brodie, Michigan, and W. C. Foster, Tennessee. Treasurer—Caspar Wister, Pennsylvania. Confirmed.

Dr. George B. Wood, of Pennsylvania, on retiring from the chair, said :—

GENTLEMEN : Custom demands that your President should do

something more than assure you of his coöperation and good wishes when leaving behind him this post of honor. Before quitting it, there, I desire to say a few parting words, which shall assure you of my gratitude, and I also deem this a fitting occasion to note the condition and prospects of this Society.

First, let us glance at the past, that we may the better look forward to the future. Have the high aims and noble designs of the Society been achieved? Have its objects been heeded and rigorously pursued? Have its annual gatherings been encouraged, and the utmost of good wrought by them, or have they been fruitless and of no avail? Have they passed like a phantom ship, leaving no track nor trace in their way, and been forgotten? Happily no one has the power truthfully to answer in the negative. True, not all that was proposed has been done. It started off under almost insuperable obstacles, and in striving suddenly to overcome its opponents, hoped against the possible. Finding too heavy a task before it, it fell back to humbler aims. But nothing was lost; its progress has been steady, and its bread is cast upon the waters, to be found after many days. It is not necessary to appeal to the ponderous volumes of its transactions to show its advance. There is much chaff in those volumes, as in every book save one, but there we also find much that is good. Seed has been scattered, and will spring up and grow into usefulness. Its meetings have aroused agitation, and agitation purifies and renders available what before was crude and useless. The medical mind, prior to the organization of this Association, was in a state of mental inertia. There was danger that the profession would sink into a mere business. The great struggle in medical schools was to obtain scholars, and in the practice to procure patients. Quackery loomed up and almost obscured the bounds which separate the true from the false. The lines of demarcation were imperfectly drawn, and for a time there was doubt which would gain the ascendancy. But this Association rose, and a new spirit was awakened. No sooner had its flag been given to the breeze, than thousands hastened to join the standard in a crusade against quackery.

The great masses of society were moved, and hundreds upon hundreds came forth, ready to assist in revivifying the waning spirit of the profession. The opposition was strong, but its clamors were drowned in the cry of onward! onward! It seemed as if the professional millenium had come. But its steadily advancing steps need not be traced, they are familiar to you all. Whatever temporary arrangements could have been made, were of no avail. We have had "paper republics, thick as Autumn leaves that strew the brooks of Vallambrosa," and none have stood the test of years. The same has been true in lesser associations. From the past, this Association has discovered the rocks and quicksands upon which others have been wrecked, and is content to follow those forms which have been crowned with success. Who has lived not to see it, during its brief existence, increase slowly but irresistibly? It has regulated and

combined all systems to plant itself upon a firm basis, and the greatest bond of its union and durability, is its adoption of a code of medical ethics, which has been sanctioned by the voice of wisdom and experience. Should any one find themselves cherishing repugnance to this code, were it not best to inquire whether it does not spring from himself rather than from anything in that code. Which is most likely to be true, the popular voice sanctioned by experience, or the individual opinion unsustained? Modesty would induce the man to own that the repugnance is an offspring of his own heart. I have no doubt but that code will conduce to the harmony and prosperity of this Association, and I would recommend that it be placed in the hands of every student, and that he regulate his conduct and educate his heart by its precepts. Indeed, it is almost indispensable that it be placed within the reach of every member, or of those desiring to follow the profession. I do believe that the young physician going forth to his labors, by wearing this ægis, will be preserved from evil.

Medical societies are perfect types of medical practice and experience. They have had weight in our national councils in determining the rank of surgeons in the navy, and upon one occasion its voice was heard in Congress, upon a petition for a copyright law between England and the United States, and if ever that law is passed, this Association will have contributed much towards that result.

There is another view of this Association, which I desire to notice. Isolation from each other renders man selfish and unjust to his fellows. He is naturally gregarious, and was born to grow up. Each comes here for relaxation, and turns his silver lining to the sun, and becomes a genial companion, reaping rich lessons of experience and courtesy, which better fit him for the discharge of his duties. The parting memories of these assemblies serve as cords to bind him to the profession, and counteract the prejudices of the political system.

Having thus hastily scanned the past, let us glance briefly at the future. Experience should teach us that great objects are not attained by sweeping changes, but that their results are gained point by point. This is all important in the pursuit of science and public good. It is important to the profession that a higher qualification be demanded. Of course no coercion can be adopted, but it is impossible that intelligent men should not respect a recommendation of this character, coming from so high a source. There should be something more than a nominal examination to entitle the student to enroll himself among the medical profession. This can only be accomplished by slow steps, until, as the water wears away the rock, this requirement wears its way to the conscience of the masses. We must carefully avoid every appearance of violence. Opinion once conciliated is a point already advanced, which followed up, the Association may yet see its aims and objects crowned with success. Pursuing one undeviating course, we shall yet rejoice in the most glorious results.

We must maintain the standard of morality set down, and adhere

to the line of demarcation between the regular and the irregular practice, without controversy or contention. To wage war upon quackery, is what most delights it. We may explain our position to friends, demonstrate the fallacy of their reasonings, and expose imposture and humbug, but with quacks hold no arguments. With the presumed advantages of their practice, they have attempted our disgrace. They call us allopathists, because we seek to produce a condition of the system opposite to that of the disease, while they propose cures by giving like for like. Homœopathists graciously concede cures effected by our practice, but still deny the correctness of our theory. It must be left to the masses to decide between the systems. The genuine homœopathist lets the disease alone, and nature recovers herself. He prepares neatly dressed medicines, which are more palatable to the delicate than more powerful agents, and praises the wonderful antidote only because the patient does not die. We profess intelligence and knowledge of the cure of disease wherever it may be found. This is the light which the medical profession presents to the public, and we are pledged upon our honors before it to use every means to increase our knowledge and skill. This we must do as honest men, intent on performing our duty. We may discard the false epithet, allopathists, as a discourtesy to practitioners of a great art, who claim to be gentlemen.

The efficiency of the profession is increased by persevering in the improvement of the science of medicine. The offering of prizes for essays, the completing of our proceedings and other like inducements to the ambitious are alike useful and worthy of attention. The more we improve ourselves the better able shall we be to perform our duty to the public. We are called upon constantly to watch and to give up our best efforts to preserve the good health of the community, and may not relax a single effort so long as there is aught left to do.

You are aware that the ravages of the small-pox in many of our cities, have been unaccountable, and yet it is positively believed that vaccination and re-vaccination is a perfect preventive. The profession and the public have been too careless and the most fearless results have ensued. It is your duty to warn the public and put them on the side of safety. Many perhaps allow self-interest to come in as a caution to keep them from their patients while it would be more to their interest to attend upon a practical case. Perhaps I am unjust to the profession. But it has happened to me to attend upon numerous cases of small-pox and not a case within my knowledge ever occurred where re-vaccination had been performed. It is highly important that the public were aroused to the importance of this subject and that it be laid before every legislature, that a law may be enacted to compel safety.

I must close by begging an excuse for the length of my remarks, but when man gives free rein to the tide of his thoughts, it is not easy to say, "thus far shalt thou go and no farther." I thank you most cordially for your attention and hope that the affairs of this convention may go on so harmoniously that you will look back to

this meeting in Detroit, with genial memory, and ever be proud that you have assisted in its deliberations.

At the conclusion of the address, on motion of Dr. Atlee, of Pa.,

Resolved, That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present to the Committee of Publication a copy, for preservation in our transactions.

On motion of Dr. Atlee, of Pa.,

Resolved, That a Committee of three be appointed to inform the President and Vice Presidents elect of their election, and conduct them to their seats.

The President appointed, as such Committee, Drs. Atlee, of Pa., Reeves, of Ohio, and Sutton, of Ky.

Upon taking the chair, Dr. Pitcher said :

Although fully aware of my indebtedness, for this distinction, to your observance of a custom equivalent in force to positive law of selecting your presiding officer, in each successive year, from the State in which the meeting of the Association is held, I feel myself more honored by your partiality, than if I had received the same mark of respect from any other body of men known to the annals of our country.

This sentiment of regard for the body towards which I know hold, by this act of yours, so delicate and interesting a relation, has been inspired by a contemplation of the ideal of the physician, and strengthened by my growing acquaintance with the individuals which compose it.

Being unaccustomed to presiding in deliberative assemblies, I shall throw myself upon the indulgence of the Association, and rely upon the kindness and intelligent coöperation of the individual members for assistance, in performing the duties of the chair.

Whilst thinking you must cordially for this expression of confidence, I can only assure you that such abilities as I possess shall be devoted to the prosperity of the Association and the harmony of its proceedings.

On motion of Dr. Gunn, of Mich.,

Resolved, That the resolution passed at St. Louis, requiring a majority of the Committee on Publication to be appointed from residents of the place where the meeting is held, be repealed.

Dr. Phelps, of N. Y., offered the following :

Whereas, The pleasure and satisfaction of attending the deliberations of this Association would be greatly enhanced, the duties of the secretaries and reporters facilitated, and order at the same time secured, by the observance of two things, to wit : first, that the audi-

ence be put in possession of the name and residence of the speaker ; and, secondly, that they be enabled distinctly to hear what he has to say ; therefore,

Resolved, That no one be permitted to address the Association, except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member be required to go forward and speak from the stand, and not more than ten minutes at one time.

A motion to lay on the table was lost. The resolution was then adopted.

At the request of Dr. Gross, of Ky., his report upon "The Causes that Retard Medical Education and Literature," was made the special order for Wednesday at 10 o'clock.

Dr. Palmer, of Ill., from the Committee on Prize Essays and Volunteer Communications, submitted the following :

"The Committee on Prize Essays and Volunteer Communications" report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received ; but that the number of papers presented has been but four.

By referring to the past records of the Association, it is found that the numbers received by preceding Committees have been, in 1852, sixteen ; in 1853, fifteen ; in 1854, nine ; in 1855, six ; and in 1856, four. Your Committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished will be so small as to afford insufficient range of comparison and choice to cause the preference shown to be much valued, if, indeed, presentations do not cease altogether, and whether any means should be devised for preventing such a result.

The essays received by your Committee have been subjected to a careful examination ; and while admitting that they all possess a degree of merit which would render them suggestive and useful, if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, as to furnish sufficient claim for awarding a prize by this body.

But one prize is therefore awarded. The essay selected for this honor bears the title—"An Essay on the Arterial Circulation."

It is regarded by the committee as possessing the merits just alluded to, and while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

The production has considerable length, and by the fullness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has at least one quality which Lord Bacon considered necessary to a treatise, as distinguished from an essay,—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader for him fully to appreciate its value.

The essay bears the motto—"Una est Veritas."

[Signed]

A. B. PALMER, Chairman,
SAMUEL DENTON,
SILAS H. DOUGLASS,
AB'EM SAGER,
E. ANDREWS.

On breaking the seal of the accompanying packet, Dr. Henry Hartshorn, of Philadelphia, Pa., was found to be the successful essayist.

The report was accepted.

Dr. Blatchford, of N. Y., from the committee on "Hydrophobia, and the connection of the Season of the Year with its Prevalence," read a report thereon. The committee, in conclusion, submitted the following resolution, which was adopted :

Resolved, That the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The Committee on Nominations reported in favor of holding the next annual meeting of the Association at Nashville, Tenn.

Dr. Gross, of Ky., moved to strike out "Nashville, Tenn.," and insert "Louisville, Ky." He thought Nashville at present difficult of access.

Dr. Geddings, of S. C., and *Lindsley*, of Tenn., advocated the adoption of the report.

Dr. Gross withdrew his amendment and the report was adopted.

Dr. Wister, of Pa., from the Committee on Publication, made the annual report. It states that the first copies of the transactions of the last session of the Association were issued on the 10th of November, 1855 ; that 1,100 copies were printed ; that the aggregate expense of printing, illustrating, and binding was \$1,922 70 ; that the distribution of the volume was effected, in every possible instance, by

Atlee of Pa., W. Brodie of Mich., C. B. Gibson of Richmond, E. L. Beadle of N. Y., H. W. Dessausure of S. C., C. A. Pope of Mo., express ; that Drs. C. Hooker of Ct., Alden March of Albany, J. L. D. H. Storer of Mass., T. G. Richardson of Ky., J. Moran of R. I., T. Miller of D. C., F. E. B. Hintze of Md., L. P. Bush of Del., Z. Pitcher of Mich., and J. B. Lindsley of Tennessee, have rendered essential service to the Association—some in procuring subscription to the volume, and all by cordial coöperation in its distribution ; that it is important to secure efficient coöperation in every State by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for and circulating the transactions ; that Connecticut is especially to be commended for her services in this particular ; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments ; that they had endeavored, however, by careful comparison of the various lists, to supply all omissions ; that the committee had been reluctantly obliged to omit from the transactions two valuable reports on epidemic diseases—by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans,—but, as they had not been presented to the Association, and acted on by that body, there was no other alternative ; that the following resolution, passed at the last session, should be strictly enforced :

Resolved, That, hereafter, beginning with the session of 1856, no report, or other paper, shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before June 1st.

The report further states that the number of volumes of transactions now remaining on hand is as follows : of Vol. I. 41, of Vol. II. 9, of Vol. III. 32, of Vol. IV. 7, of Vol. V. 316, of Vol. VI. 66, of Vol. VII. 120, of Vol. VIII. 351 ; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied ; that, as only seven complete sets of the transactions are now in the possession of the Association, the committee recommend that no copy of either of the eight volumes which is necessary to the complete sets now remaining shall be disposed of separately, or with any number of volumes short of a complete set.

Dr. Atlee, of Pa., made some remarks upon the report, in the

course of which he stated that the Smithsonian Institution had been offered as a permanent place of session for the Association. He concluded by moving that the Committee on Publication preserve five complete sets of the proceedings. Carried.

Dr. Wood, of Philadelphia, moved to refer the nomination of standing committee to the Committees on Nominations. Carried.

The same gentleman made a request, in behalf of Dr. Hamilton, that the committee, of which Dr. H. is chairman, may be continued for another year, it not being prepared to report at present. Granted.

Dr. Breckenridge, of Ky., stated that the Committee on Medical Literature was ready to report.

The President suggested that the reading of the report follow that of the report of Dr. Gross, which had been made the special order for Wednesday, at 10 A. M.

Dr. Palmer, of Chicago, stated that the Committee on Plan of Organization for State and County Medical Societies was ready to report.

Dr. Pomeroy, of N. Y., moved to reconsider the resolution requiring a member, when speaking, to stand upon the platform, and not to occupy more than ten minutes in his remarks. Lost.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, to take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Hartshorn on Arterial Circulation, and the report of Dr. Blatchford on Hydrophobia, to the Committee on Publication. Carried.

Dr. Wister, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854—making a yearly subscription to the transactions obligatory—and the consequent restoration to membership of all those dropped from the published list of that year,—advertising, also, the practicability of procuring back numbers of the transactions, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

The account of the Treasurer with the Association is as follows :

DR.

To cash paid Dr. John L. Atlee, of committee on Washington Monument Stone,	\$498 70
To cash paid C. B. Norton, for portorage and packing Vol. VII., in New York,	8 00
To cash paid J. D. Trask, for Prize Essay,	100 00
To cash paid for Postage of Secretary,	2 50
To cash paid D. C. Baxter, for Engravings of Vol. VIII.,	72 75
To cash paid for Postage of Chairman of Publication Committee,	4 09
To cash paid Thos. Sinclair & Co., for lithographs for Vol. VIII.,	101 20
To cash paid T. R. & P. G. Collins for printing and binding 1,100 copies of Vol. VIII.,	1,748 75
To cash paid T. R. & P. G. Collins for binding 25 copies of Vol. VI., and printing notices,	4 52
To cash paid H. Barnes for distribution of Vol. VIII., and services as clerk,	50 00
To cash paid T. R. & P. G. Collins for printing notices,	1 25
To cash paid Blanchard & Lea for freight, portorage, boxes, &c., for Vol. VIII.,	34 99
To cash paid for postage, envelopes, and stationery of Treasurer,	6 99
To balance,	950 52
	<hr/>
	\$3,584 26

CR.

By cash received from Dr. Isaac Wood, being the balance in the Treasury April 30th, 1855,	\$1,015 26
By cash received from Dr. Isaac Wood, being the balance in the Treasury of Prize Essay Fund, April 30th, 1855,	100 00
By cash received from assessment and the sale of Transactions,	2,150 50
By cash received from Dr. E. L. Beadle for the sale of Transactions,	12 00
By cash received from Dr. Wm. Brodie for do.	12 00
By cash received from Dr. A. March for do.	24 00
By cash received from Messrs. Blanchard & Lea for do.	102 50
By cash received from Dr. Charles Hooker for do.	168 00
	<hr/>
	\$3,584 26

The correctness of this account is certified to by the proper Committee.

The report was accepted, and referred to the Committee on Publication.

Dr. McNulty, of the New York Academy of Medicine, offered a resolution, that a Committee of one from each State be appointed by the Committee on Nominations, to prepare, and report to the Association during the present session, an address to the people of the United States, setting forth the strong claims the medical profession have on their respect, gratitude, and confidence.

Dr. McNulty explained the purpose for which he offered the resolution. Many people, he said, had a prejudice against the medical profession for holding to the dignities of their calling, and entertained the idea that the science of medicine was a collection of absurdities and superstitions. He wanted to show clearly that this is not the

fact, and, in this view, he thought the address proposed would have a beneficial effect.

Dr. Kittredge moved to amend the resolution by making it read that every member of the Association should take the stump and defend the cause.

After a few other remarks the resolution was withdrawn.

A gentleman whose name we did not learn, stated that *Dr. Wood*, of New York, who was then in the meeting, had lately performed an operation in an extraordinary case,—removing a jaw-bone,—and moved that a time be appointed for the Association to examine the part extirpated.

Dr. Wood said he had not with him the article spoken of by the preceding speaker, but would lay it on the desk of the President this morning.

The President read a communication from *Dr. Stewart*, chairman of the committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had as yet been imperfectly ascertained, and asking a continuance of the Committee. Granted.

Dr. Watson, of N. Y., moved that the Committee on Epidemics meet immediately after the adjournment. Agreed to.

The President read an invitation to the Association to attend the the session of the American Association for the Advancement of Science, at Albany, in August next,—at which time, also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

The Association then adjourned.

WEDNESDAY, MAY 7.

The Association was called to order by the President, at nine o'clock.

The minutes were read, corrected, and approved.

Dr. Wister, of Pennsylvania, read the list of delegates who had registered their names since the last report.

The Secretary read communications from the following gentlemen, asking an extension of time in which to report upon the subjects named :—

Dr. A. J. Semmes, of New York—"Coroners' Inquests."

Dr. J. Taylor Bradford, of Kentucky—"Treatment of Cholera."

Dr. D. M. Reese, of New York—"Infant Mortality."

Dr. E. R. Peaslee, of Maine—"Inflammation, &c."

Dr. J. W. Corson, of New York—"The Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease."

Dr. Mark Stephenson, of New York—"The Treatment Best Adapted to Each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c."

Dr. Beech, of Michigan—"Medical Topography, and Epidemics."

Dr. J. C. Hutchinson, of New York—"The Anatomy and Histology of the Cervix Uteri."

Referred to Committee on Nominations.

The Secretary announced that he had received the following resolution, adopted at the last meeting of the New York State Medical Society :—

Resolved, That the Members of the American Medical Association be invited to attend the semi-centennial celebration of this society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society :—

SIR: At the annual meeting of this society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same :—

Resolved, That the resolution offered by Dr. Grant, (a member of this society, but not at this or at that time a practitioner of medicine, but a lawyer,) at the last session of this society, viz.: "That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or mechanical instruments," was offered at a time when many members had left for their homes, and is not, therefore, the sense of the society.

Resolved, That the said resolution is in direct opposition to the code of medical ethics adopted by this society; and, therefore, be it further

Resolved, That said resolution, offered by Dr. Grant, and adopted by the society, be and is hereby rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after Fracture and Dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. Hamilton also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Michigan, the minutes were amended.

Dr. Atlee, of Pennsylvania, offered a resolution that the request of Dr. Hamilton, in regard to the publication of the report, be granted.

Dr. Lindsley, of Tennessee, opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Illinois, moved to refer the matter to a special committee. Carried.

The President appointed as such committee, Drs. Palmer, of Illinois, Atlee, of Pennsylvania, and Hills, of Ohio.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body, and be requested to take seats on the platform during this morning's session. Carried.

The following gentlemen complied with the invitation :—

Dr. E. M. Hodder, F.R.S. Eng., Prof. of Midwifery and Diseases of Children, Trinity College, Toronto.

Dr. J. H. Richardson, M.R.C.S. Eng., Examiner in Anatomy, University of Toronto.

Dr. Norman Bethune, M.R.C.S. Eng., Prof. of Anatomy, Trinity College, Toronto, C. W.

Dr. Worthy Haswell, M.R.C. of Surgery, England.

Dr. A. K. Dewson, College of Physicians and Surgeons, New York, Licentiate of the Province of the Canadas.

Dr. George Coatsworth, Medical Department, University of Buffalo, Licentiate of Province of the Canadas.

Dr. John Tarquand, Woodstock, C. W.

In receiving them upon the platform, the President, Dr. Pitcher, said he was happy to be the instrument of celebrating the nuptials by which we effect a scientific reunion of the two members of the Anglo-Saxon race, which have so long been separated by the political relations, having their origin in the separation of the American colonies from the English crown.

Dr. Hodder gratefully acknowledged the honor of so cordial a welcome from so noble an Association. He deeply regretted that there was not such an association in Canada, for, having for some years been cognizant of its workings, he was fully assured that good to individuals and to the public would certainly result.

Dr. Sutton, of Kentucky, offered a resolution, that 1,000 copies of the address of the late President, Dr. Wood, be published. Adopted.

On motion of Dr. J. B. Lindsley, of Tennessee,

Resolved, That a committee of three be appointed by the Chair, to prepare a suitable minute in reference to the death of our late Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr, while contending with the pestilence in Norfolk, in 1855.

The President appointed as such committee, Drs. Lindsley, of Tennessee, Thomson, of Delaware, and Mendenhall, of Ohio.

Dr. Gross, of Kentucky, from committee appointed the day previous, reported the following preamble and resolutions, relative to the death of Dr. J. C. Warren, of Boston :—

Whereas, It has pleased Almighty God to remove from the scene of his earthly labors our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University ;

And Whereas, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow-citizens, and transmitted unimpaired to posterity, for the encouragement of future ages ; therefore,

Resolved, That this Association has learned with profound regret the news of an event which has deprived the American medical profession of one of its oldest, most useful, and most illustrious members—American surgery of one of its greatest ornaments—science of one of its best friends—and humanity of one of its noblest benefactors.

Resolved, That the life of Dr. John C. Warren affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul, for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

Resolved, That this Association deeply sympathizes with the family of Dr. Warren in their bereavement, and that the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted and referred to the Committee on Publication.

Dr. Gross, of Ky., read a report on “The Causes which Impede the Progress of American Literature.” In conclusion, he submitted the following resolutions :

Resolved, That this Association earnestly and respectfully recommends : 1st. The universal adoption, whenever practicable, by our schools, of American works, as text-books for our pupils. 2d. The discontinuance of the practice of editing foreign writings. 3d. A more independent course of the medical periodical press towards foreign productions, and a more liberal one towards American ; and, 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation

of an original, a vigorous, and an independent national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

Resolved, That we shall always hail with pleasure any useful or valuable work emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be repositories.

Dr. Phelps, of New York, moved that the report and resolutions, as a whole, be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal" in line 6. *Dr. Gross* accepted the amendment.

Dr. Palmer, of Ill., wished to understand the meaning of the word "practicable," as employed in the resolution (line 2). If it meant that an inferior work by an American author was to be used in our medical schools, in preference to a superior one, treating of the same subject, by a foreign author, he was decidedly opposed to the resolution. If, when the American work is equal or superior to the foreign one, it is to be used, then he had no objection. He alluded to works by eminent English and French authors.

Dr. Gross explained. One of the works alluded to by *Dr. P.* must of necessity be used in our medical institutions of learning, as there is no work by an American author on the same subject. Foreign works should be used as books of reference, and American books, "when practicable," as text books.

Dr. Yandel, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world, they savor too much of Know-Nothingism to make them palatable. [Sensation.]

Dr. Leide, of Pa., was in favor of leaving to teachers of medicine the selection of their own text books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Literature," by *Dr. Breckenridge*, of Ky. He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of New Haven, stating that he had sent two biographical sketches, one of Geo. Summer, the other of Dr. M. W. Willson, of Conn., and that other sketches were in preparation, and would be laid before the Association as soon as possible. Adopted, and referred for publication.

Dr. R. Breckenbridge, of Ky., reported on American Medical Literature, in which he noticed briefly the latest publications, compared the advantages of medical research in Europe to those enjoyed here, and designated the method by which Americans could be made to cope with European Medical Literature. It was a voluminous report, and was received with marked approbation. Accepted, and referred for publication.

The hour for adjournment having arrived, the Association adjourned to Thursday, 9 A. M.

TUESDAY, MAY 8th—MORNING SESSION.

The Association was called to order by the President at 9 o'clock.

The minutes of previous meetings were read, and Dr. Hooper moved to amend the minutes by striking out so much as related to the resolutions of Dr. Gross. Carried.

The Secretary then read the following communications :

From P. Worth, of Maryland, from committee to report on Medical Topography and Epidemics, asked further time. Referred to Committee on Nominations.

From E. S. Lemoin, of St. Louis, transmitting the acknowledgment of the Secretary of the Medical Association of Paris, of the receipt of this Association's transactions. Placed on file.

From D. D. Thompson, of Ky., from the Committee on Remedial effects of Chloroform, asking time. Referred to Nominating Committee.

From the Secretary of the Michigan Agricultural Society, transmitting 25 copies of its transactions for 1853, and 25 copies for 1854.

Dr. Brodie moved a vote of thanks, and that one copy be sent to the Medical Society of each State. Carried.

On motion, Dr. Maggugin, of Iowa, was appointed a member from that State of the Committee on Nominations.

On motion of Dr. Atlee, of Pa.,

Resolved, That the President shall be authorized annually to appoint delegates to represent this Association, at the meetings of the British Association, the American Medical Society of Paris, and such other scientific bodies in Europe as may be affiliated with us. Adopted.

Dr. Glück, of New York, offered the following :

Whereas, During the present year a medical congress is to be held in Europe ; therefore,

Resolved, That the American Medical Association send to that congress four delegates, representing the four sections of the Union.

Dr. Davis, of Ill., thought it might be necessary and proper to send a greater number than four. He moved to lay the resolution on the table. Carried.

Dr. Clendenin offered the following :

Resolved, That a Committee of one be appointed, for a period of three years, with instructions to report progress at each annual meeting of this Society, to investigate the etiology and pathology of epidemic cholera, and that said Committee be allowed to add any other members to the same which they think may be necessary to further the objects of the appointment.

On motion, referred to the Committee on Nominations.

On motion of *Dr. Mendenhall*, of Ohio.

Resolved, That the Secretary be instructed to strike the name of *C. H. Cleveland* from the list of permanent members of this Association.

On motion of *Dr. Atlee*, of Pa.,

Resolved, That the name of *James R. McClintock* be stricken from the list of permanent members.

These expelled members were accused by the movers of the resolutions of having retrograded into quackery.

On motion of *Dr. Bissell*, of New York.

Resolved, That this Association has learned with deep regret of the death of one of its members, *Dr. Theodore Romeyn Beck*, of Albany, N. Y., whose whole life has been devoted to the attainment and promotion of medicine and general science, and that we do hereby express our high appreciation of the excellences of his character, distinguished by its simplicity, integrity, and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every other department of science.

Resolved, That the above resolution be referred to the Committee to procure memorials of the eminent and worthy dead, and that they be requested to procure a memoir of the late *Dr. Beck*, to be published in the transactions of the Association.

Dr. Bloodgood, of Ill., offered the following :

Resolved, That the constitution of this Association be so amended as that hereafter the President shall be elected by ballot, and shall not be resident of the State in which he is elected.

On motion of *Dr. Watson*, of N. Y., laid on the table.

Dr. Wister, of Pa., offered the following, which was adopted.

Resolved, That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Association at its session in Philadelphia, be renewed for the meeting at Nashville, Tenn.; and that this Association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the Province of Canada should be provided with a letter of introduction to this Association from one of the following gentlemen: Drs. Tarquand, A. Scott, Woodstock, Canada; Drs. Hodder, Bethune, Richardson, Bonnell, Haswell, Widmer, Beaumont, Herrick, of Toronto; Drs. O'Reilly, Craigie, Duggan, of Hamilton; Dr. Sampson, of Kingston.

Dr. Phelps, of New York, offered the following:

Whereas, It has pleased an All Wise, but Inscrutable Providence, to visit the city of Norfolk, Va., and vicinity, with a desolating pestilence, equal, or surpassing, any recorded in ancient or modern times, and by which, in a few weeks, forty physicians, either residents or those from abroad, who had promptly rushed to the rescue, among the number of whom was our late Secretary and associate, Dr. Gooch, of Richmond—had been swept away, therefore,

Resolved, That such an instance of signal and unflinching devotion to the cause of science and of humanity demands at the hands of this national association a passing expression of their high admiration of this, another memorable instance of the unparalleled sacrifices of the profession to the interests of the healing art and of the race.

Resolved, That this minute be incorporated in our transactions. Adopted.

On motion of Dr. Palmer, of Ill., the Rt. Rev. S. A. McCoskry, Episcopal Bishop of the Diocese, was invited to a seat upon the platform.

The like courtesy was extended to Dr. Mussey, formerly President of the Association.

Dr. Stocker, of Pa., offered the following amendments to the constitution:

Amend article 3 so that it shall read: "Article 3. The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of ——. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Amend article 4 by providing for one permanent and two assistant secretaries, and also specifying the duties, &c., of each.

Laid on the table under the rule.

Dr. Dorsey, of Ohio, offered the following:

Resolved, That in May, 1858, and every third year thereafter, this

Association meet at Washington city, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for the keeping of the Archives of the Association.

Laid on the table under the rule

On motion of Dr. Sheets,

Resolved, That it is derogatory to the dignity of the medical profession to notice the works of irregular practitioners in our medical periodicals.

Dr. Frost, of S. C., objected to the introduction of resolutions. He thought it irregular. Reports were in order.

Dr. Davis, of Ill., moved that reports be made the special order. Carried.

Dr. Watson, of N. Y., moved to reconsider the last vote, in order to take up the resolutions attached to the report of Dr. Gross, of Ky., upon the "Causes which Retard American Medical Literature." Carried.

The resolutions were taken up. The question being upon the adoption.

Dr. Gross read extracts from his report, explained the intent of the resolutions, insisted upon their necessity, and advocated their adoption.

Dr. Davis, of Illinois, was opposed to adopting any report. There were now before the Association two reports, (the one by Dr. Gross, of Kentucky, and one by Dr. Breckenridge, of Kentucky,) presenting directly adverse views. He thought both should be accepted and referred to the proper committee—nothing more.

Dr. Breckenridge, of Kentucky, said the point at issue is—whether the Association will favor the sectionalism or the universality of of medicine. If Dr. Gross' report and resolutions are adopted, we decided in favor of the former.

Dr. Cobb, of New York, foresaw the difficulty that would arise in adopting Dr. Gross' report the day previous.

Dr. Watson, of New York, moved to reconsider the vote by which the report was adopted. Carried.

He then moved that the report be accepted. Carried.

On motion of Dr. Atlee, of Pennsylvania, the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge, upon "American Medical Literature," were referred to the Committee on Publications.

Dr. Palmer, of Illinois, from special committee to which was

referred the communication of Dr. Hamilton, reported the following resolution, which was adopted :—

Resolved, That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on “Deformities after Fractures,” which is in course of publication by this association, in his anticipated work upon “Fractures and Dislocations.”

Dr. A. B. Palmer, Professor in the Michigan University, from the Committee on Plans of Organization for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the Committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis, of Illinois, chairman of special committee, reported on “The Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy,” in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and comparison, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to Committee on Publication.

Dr. Charles O. Chandler, of Missouri, who was to report on “Malignant Periodic Fevers,” submitted, as a substitute, through Secretary Brodie, a paper on “Sulphate of Cinchona,” which was received as a “voluntary contribution,” and referred to a special committee.

Dr. Johnson, of Chicago, asked further time to report on “Excretions, &c.” Referred to Committee on Nominations.

Dr. J. M. Newman, of Buffalo, from Committee on “the Sanitary Police of Cities,” presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the largest cities of Europe and the Union, of which the Doctor, at the request of the Association, gave a brief, verbal abstract. The report evidently embodies a vast mass of useful information, with deductions from it that city life is inimical to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition of the populous localities of cities and

large towns. Of diseases arising from impure air and insufficient ventilation, classed under the term "zymotic," the report stated that, in 1850, forty per cent. of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, small pox, &c., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, &c. Accepted, and referred to Committee on Publication.

Adjourned to 2 P. M.

AFTERNOON SESSION.

The Association met at 2 o'clock.

Dr. Frost, of Charleston, S. C., offered the following resolution, which was adopted :

Resolved, That the thanks of this Association are due to the retiring officers, for the zealous and efficient manner in which their duties have been performed ; to our late President, for the courtesy and ability with which he has presided over our deliberations ; to all the officers, for their attention to the laborious duties of their stations—not excepting our Committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the transactions appears.

Dr. A. J. Fuller, of Maine, chairman of the Committee on the Best Treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject.

The report was accepted, and referred to the Committee on Publication.

Dr. Green, of New York, chairman of the Committee on the Use and Effects of Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from topical medication in thoracic diseases—tuberculosis, bronchitis, &c. The report was accepted, and referred to the Committee on Publication.

Dr. Flint, of Louisville, chairman of the Committee on the Best Mode of Rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession, read a report thereon. He denounced the granting of patents by the United States government to "quack medicines," stating, however, that it appears, from a letter written by the present Commissioner of Patents, that the practice of the Office has been to discourage such a use of its functions, and that, during the past fifteen

years, but four or five such patents have been granted, although from twenty to thirty applications therefor have been made per year. The credit of sanitary improvements, Dr. Flint said, were not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States government should aid the great cause of medical science, by making appropriations for the publication of the Transactions of the National Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted, and referred to the Committee on Publication.

The Committee on Nominations made the following report :—

The Nominating Committee beg leave to make the following report :—

For Chairman of Special Committees for 1857 :

Dr. E. R. Peaslee, of Brunswick, Me.; on Inflammation, its Pathology, and its Relation to the Recuperative Process.

Dr. J. C. Hutchison, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.

Dr. Mark Stephenson, of N. Y., on the Treatment Best Adapted to Each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hemorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.

Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be Adopted to Remedy the Evils Existing in the Present Mode of Holding Coroners' Inquests.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labor.

Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in Relation to the Therapeutic Indications to be derived from the Chemical Composition of the Deposits in the Urine.

Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in Courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal, and Vegetable Parasites.

Dr. M. D. Darnall, of Bainbridge, Ind., on the Value of a Strict Attention to Position in the Treatment of Diseases of the Abdomen.

Dr. George Sutton, of Aurora, Ind., on Milk Sickness.

Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the Best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, of Marietta, Pa., on the Use of Cinchona in Malarious Diseases.

Dr. Henry V. Campbell, of Augusta, Ga., on the Nervous System in Febrile Diseases.

Dr. John Neill, of Philadelphia, Penn., on the Laws Governing the Deposit of Bone.

Dr. John W. Greene, of N. Y. city, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.

Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. Jas. Cooper, of Hoboken, N. J., on the Flora of Washington and Oregon Territories.

Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York city, on the Diseases Incidental to Europeans from Temperate Climates in their Transition through Central America.

Dr. T. W. Gordon, of Georgetown, Brown County, Ohio, on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thomson, of Louisville, on the Remedial Effects of Chloroform.

STANDING COMMITTEES.—*Committee on Publication*—Drs. Francis G. Smith, of Pa., Chairman; Caspar Wister, of Pa.; Samuel L. Hollingsworth, of Pa.; Samuel Lewis, of Pa.; H. F. Askew, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

Committee on Prize Essays.—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn.; Thomas Lipscomb, of Tenn.; A. H. Buchanan, of Tenn.; B. W. Avent, of Tenn.; W. A. Cheatham, of Tenn.; Paul F. Eve, of Tenn.

Committee of Arrangements.—Drs. C. K. Winston, of Tenn., Chairman; Ira Conwell, of Tenn.; William D. Haggart, of Tenn.; J. L. C. Johnson, of Tenn.; F. A. Ramsay, of Tenn.; Geo. Grant, of Tenn.; J. B. Lindsley, of Tenn.

To fill vacancies in the Committee on Medical Topography and Epidemics:

New Hampshire—Dr. F. P. Fitch, of Amherst.

California—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the Committee upon a Uniform System of Registration of Marriages, Births, and Deaths :

Vermont—Dr. Adrian T. Woodward, of Castleton.

Connecticut—Dr. Wm. B. Casey, of Middletown.

Virginia—Dr. R. W. Haxall, of Richmond.

California—Dr. Arthur R. Stout, of San Francisco.

They recommend the continuance of the "Committee to Procure Memorials of the Eminent and Worthy Dead," and that the report, as far as prepared, be referred to the Committee on Publication.

STANDING COMMITTEES.—*On Medical Education*—Drs. E. E. Geddings, of S. C., Chairman ; C. W. Le Boutillier, of Minnesota ; G. F. Mitchell, of Ohio ; S. W. Clanton, of Ala. ; S. W. Butler, of N. J.

On Medical Literature—Drs. R. Hills, of Ohio, Chairman ; D. W. Yandell, of Ky. ; R. R. Porter, of Del. ; H. A. Johnson, of Ill. ; Charles E. Swan, of Maine.

The President stated that Dr. Anderson, of Ala., Chairman of Committee on Medical Education, had sent in his report. It was accepted and referred to the Committee on Publication.

A report from Dr. Worth, of Md., on the Medical Topography and Epidemics of the Eastern Shore of Maryland, was accepted and referred to the Committee on Publication.

A report from Dr. Cain, of S. C., on the Epidemic of Yellow Fever in Charleston in 1854, was accepted and referred to the Committee on Publication.

A report from Dr. Fenner, of La., on the Medical Topography and Epidemics of Louisiana, was accepted and referred to the Committee on Publication.

Secretary Brodie stated that he had received a letter from Dr. Dillard, U. S. N., appointed on the Committee on Medical Topography and Epidemics, saying that he could not act, in consequence of having received no appointment as delegate to the Association from the Surgeon General.

Dr. Gunn, of Michigan, said three communications had been handed to the Committee of Arrangements by the Secretaries, which they (the Committee) had not time to examine. He asked that a special committee be appointed to report on volunteer communications.

Dr. Palmer, of Ill., offered the following, which was adopted :

Resolved, That the volunteer communications in the hands of the Committee of Arrangements be referred, with all other such communications, to a special committee, to be appointed by the Chair, residing at the place of publication of the transactions ; and if, in their judgment, the papers are worthy, they be referred by them to

the Committee on Publication, to go into the transactions of the Association.

The President appointed as such committee, Drs. A. Stille, S. Jackson, and F. J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie as follows :

By Dr. C. J. Chandler, of Rocheport, Mo., on Sulph. Cinchona in Periodic Diseases.

By Dr. Isidor Glück, of New York, on Formation of Gun Shot Wounds, &c.

By Dr. G. P. Flachenberg, on an Improved Method of Applying Compression to the Scrotum.

A member of the Committee on a Uniform System of Registration of Marriages, Births, and Deaths, stated that they were unable to make a report at present, in consequence of the death of their Chairman, Dr. Wilson, of Conn.

The Committee on Medical Literature, for 1855, was continued for another year.

Dr. Neill, of Phil., offered a resolution that no medical preparation, account of surgical operation, or anything else designed or calculated to give notoriety to an individual, be laid before the Association, until reported upon by a special committee.

Dr. Wood, of N. Y., presumed that this resolution was aimed at him. He had come here with the description of a disease never before described by surgeons—[phosphorous disease of jaw-bone.] He had felt great delicacy in inviting the attention of the Association to the subject, and it was not until after consultation with many of the most prominent members of the body, that he had permitted a friend to do so. As for the charge of seeking notoriety, he denied it *in toto*. He had aimed at no such purpose, and he felt wounded at the tone of the resolution.

Much applause followed the conclusion of Dr. W.'s remarks.

Dr. Neill disclaimed the intention of personal allusion in the resolution he had offered. That resolution embodied a principle which never should be violated. Dr. Wood's reputation, or notoriety, might not be enhanced by the action under reference, but the privilege of similarly proceeding might be abused by other persons hereafter.

Dr. N.'s remarks were received with applause.

Dr. Wood said he had heard beforehand that such a resolution was to be offered ; and it was not the resolution itself that he cared so

much about, as the outside talk. He expressed a desire that the motion of Dr. Gross, of Kentucky, inviting the Association to examine his (Dr. W.'s) surgical specimen, would be stricken from the minutes.

Dr. Thomson, of Del., made some humorous remarks. He hoped that New York would hold her jaw, and Philadelphia not stick in hers. [Great laughter.] He trusted that Dr. Neill would withdraw his resolution, and that Dr. Gross' motion would be stricken from the minutes. If these were done, he would see that all was made right between the opposing gentlemen before they reached home. [Laughter.]

Dr. Gross moved to strike his motion referred to from the minutes—for the purpose, he said, of removing the bone of contention. [Great laughter.]

Dr. Neill withdrew his resolution, and Dr. Gross' motion was stricken from the minutes.

Dr. Gross, of Louisville, tendered, in behalf of the medical profession and the citizens of Louisville, an invitation to the Association to meet in that city in May, 1858. Placed on file.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted :

Resolved, by the American Medical Association, That the Committee of the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that honorable body to grant every necessary assistance which can or will promote the objects for which the Committee has been appointed.

Secretary Brodie read a communication from the Royal Medical and Chirurgical Society of England, thanking the American Medical Association for their present of the eighth volume of their transactions. Ordered placed on file.

Dr. Wister, of Pa., offered the following, which was adopted :

Resolved, That a Committee of three be appointed by the President, to correspond with the proper officer of the Smithsonian Institute, inquiring into the possibility of procuring a chamber in that institution for the uses of this Association.

The President appointed as such Committee, Drs. Wister, of Pa., Hale, of Washington, and J. Neill, of Pa.

Dr. Phelps, of N. Y., offered the following, which were adopted.

Resolved, That the thanks of this Association are due, and are hereby tendered, to the Fire Department of the city of Detroit, for the gratuitous use of their large and commodious hall, so amply furnishing to us accommodation for the convenient transaction of business,

Resolved, That the urbane deportment and elegant hospitalities of of the profession and of private individuals, as well as the polite attentions of citizens generally, demand of this Association a high appreciation of the cultivated manners of this city of the West, and which has tended greatly to enhance the pleasure of the session here of the delegates from abroad.

The Association adjourned.

FRIDAY, MAY 9th.

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected and approved.

Dr. Palmer, of Ill., moved that *Dr. Coolidge*, U. S. A., be substituted in the place of *Dr. Finley*, U. S. A., as a member of the Committee on Medical Topography and Epidemics. *Dr. P.* said he made the motion by request. Carried.

Dr. Atlee, of Pa., offered the following, which was adopted :

Resolved, That all voluntary communications hereafter presented to the Association shall be referred to a special committee, to be appointed by the President on the first day of each annual meeting, whose duty it shall be to examine such communications and report upon the propriety of their presentation and reference to the Committee of Publication.

Dr. Lindsley, of Tenn., from the special committee appointed the day previous, reported the following preamble and resolutions :

Whereas, The exhibition of high courage and of self-sacrificing devotion to the good of others is ever honorable to a profession by whose members it is manifested, and worthy of their remembrance and emulation ; therefore,

Resolved, That in the death of *P. Claiborne Gooch*, of Richmond, Va., who nobly volunteered his services during the pestilence at Norfolk, we recognize a loss to this Association, the profession, and the country. His arduous and successful labors as secretary of the meetings at Charleston and Richmond merited the regard of this Association. The zeal, ability and industry manifested by him as founder and editor of the *Stethoscope*—the first medical periodical established in the State of Virginia—showed his devotion to the cause of medical progress and activity, and the manner of his death gave signal evidence that he was one of whom his country might well be proud.

Resolved, That a copy of these resolutions be transmitted by the Secretary to the relatives of the late *Dr. Gooch*.

The resolutions were adopted, and had the usual reference.

On motion of *Dr. Palmer*, of Ill.,

Resolved, That the Committee on Registration have leave now to present a partial report, which is hereby referred to the Committee on Publication.

Dr. Denton, of Mich., offered the following :

Resolved, That a Committee of three shall be appointed whose duty it shall be to enlist some enterprising publisher to aid in collecting and arranging material for an American Medical Directory.

On motion of *Dr. Watson*, of N. Y., laid on the table.

Dr. Leide, of Pa., offered the following :

Whereas, It is the object of this Association, in the award of prizes for communications on subjects appertaining to medical science, to encourage the progress of the latter ; and as this result cannot be better attained than through original investigation and discovery—

Resolved, That hereafter an annual prize of —— dollars be awarded for the best memoir or essay founded on original investigations of the author ; and in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating such memoirs as may be subsequently deemed worthy of an award.

The resolutions, together with the suggestions of the Committee on Prize Essays, as to whether any means can be devised to cause an increase of the number of essays presented, were referred to a special committee, consisting of *Drs. Leide, Wood, and C. D. Meigs*, of Pa.

Proposed amendments to the constitution being in order. *Dr. Smith* moved that the proposition to amend by providing that “any members who omits to pay for the published transactions for three successive years shall be considered as withdrawn,” be laid upon the table until the next annual meeting of the Association. Carried.

The Secretary read an invitation to the Association to attend the next annual meeting of the Massachusetts State Medical Association. Accepted.

Dr. R. K. Smith offered the following :

Resolved, That a special committee be appointed to report to the next meeting of the American Medical Association a classification of those diseases which involve a derangement of the mental manifestations.

Adopted, and *Dr. Smith* appointed chairman of said committee, with power to choose his associates.

On motion of *Dr. Atlee*,

Resolved, That the Committee on Publication be requested to transmit annually to the Epidemiological Society of London a copy of our transactions.

On motion of *Dr. Gunn*, of Mich.,

Resolved, That any new medical institution not heretofore represented in this body be requested to transmit to the Secretary, with

the credentials of its delegates, evidence of its existence, capacity, and good standing.

Dr. Phelps, of N. Y., offered a preamble and resolutions relative to the relation existing between medicine and religion. Laid on the table.

Dr. McGuggin offered the following :

Resolved, That a special committee be appointed to report on the subject of "Stomatitis Materna."

Adopted, and *Dr. McGuggin* appointed chairman of such committee.

On motion of *Dr. Bailey*, of Ill., *Dr. Davis*, of Chicago, was requested to continue his observations on the changes produced in the composition and qualities of milk by pregnancy and menstruation ; also the best substitute for the mother's milk when weaning becomes necessary ; and report at the next meeting of the Association.

A report from the Committee on Railroads, &c., was read, and the same committee continued to next meeting.

On motion of *Dr. Smith*, of N. J., the resolutions of *Dr. Palmer*, offered the day previous, were taken from the table, and referred to the Committee on Publication.

On motion of *Dr. Atlee*, of Pa., the thanks of the Association were returned to those railroads that had evinced a liberality in conveying delegates to and from the Association.

On motion of *Dr. Palmer*, of Ill.,

Resolved, That the thanks of the Association be presented to the press of the city of Detroit, who have taken so much interest in reporting the proceedings of this meeting.

The Association then adjourned to meet in Nashville, Tenn., in 1857.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M. D., Secretary.

April 9. *Dr. A. C. Post* presented the *parotid gland*, removed from a female, aged sixty years, who consulted him for a tumor situated below and behind the angle of the jaw.

Dr. Isaacs had examined the growth with the microscope, and found the external tumor to be an epithelioma. The gland itself, in some portions, was cancerous ; the other part consisted of the natural

products. (The details of this case are necessarily imperfect, as no written history was presented with the specimen.)

Dr. Sewall exhibited a *heart*, more for the purpose of eliciting information for an explanation of the symptoms during life, than for its pathological interest.

Mrs. M., æt. 70. For a year or more previous to October, 1855, when she was first seen, has been troubled with palpitations, especially on exertion, accompanied now and then with cough and bloody expectoration to a small amount, dyspnœa, pains in chest, and œdema of ankles, with moderate peritoneal effusion. At times, paroxysms of considerable severity occurred, with an aggravation of these symptoms. In general, however, was up and able to attend to light work, when, with quiet, the œdema would disappear, and she would be quite comfortable. She was found in an ill turn, with pallid countenance, quick small pulse, much dyspnœa, and cough, with sputa tinged with blood. Considerable œdema was observable about feet and ankles, and there was some peritoneal effusion. An appearance rarely met with, described by Latham in his work on Diseases of the Heart, was beautifully depicted. It consisted in a bright vermilion tint investing the pulps of all the fingers, thence extending in fainter lines down their inner surface, and terminating in brighter spots of half an inch diameter over the palms of the hands. The impulse of the heart was discernible to the eye. It was not, however, lifting, but diffused itself over much space. The organ transcended its natural boundaries, and, to the ear, gave a loud bellows murmur, marking both sounds, very evident over all the anterior chest, but most distinct posteriorly. Valvular insufficiency, with eccentric hypertrophy, was supposed to exist.

Treatment consisted in mild anodynes and diuretics. A careful regimen was enjoined. Much improvement occurred, so that, in two or three weeks, the patient was about her light work again. With occasional relapses, she continued from October to the middle of February, 1856, much in the way described. During all these months, there was no abatement in the bellows murmur, save such as was traceable to changes occurring in the action of the heart, which was now stronger, and now weaker, according to the general bodily condition. On twenty-five or more examinations, at intervals of a few days, its characteristics were always the same. There was no ascites remaining, and but a trace of œdema.

In the middle of February, about a month before death, she began to fail. The heart's action became irregular, tumultuous at times,

and the pulse at the wrist was not synchronous with the beatings of the organ. Sometimes it was 40, again 80 and 100 and more, feeble, fluttering, then stronger. Still there was the old murmur, modified by, but persistent, through all these changes. The dyspnœa increased, the oppression grew, the serous effusion gradually invaded the upper limbs till the hands and feet were tense, and as if ready to burst. The peritoneum also became largely distended. Three weeks before death she became icterode. The color deepened, and at the last was intense. Death took place on March 12th, the mind being clear to the end.

Autopsy 24 hours after death.—Strong rigor mortis. Lungs healthy, save for trifling old pleuritic adhesions on right side. About a pint of yellowish fluid in either pleura. Pericardium moderately distended. Contained three ounces. No adhesions. Heart rather large and flabby. Left ventricle and auricle much dilated, with thinning of walls. No valvular disease anywhere, save perhaps very slight thickening of the aortic valves. Water poured into the aorta passed them in drops only. In one of the mitral valves there was a small cribiform opening about the size of a marrowfat pea. Aorta and large vessels perfectly healthy and free from deposit. Spleen and kidneys healthy. Liver engorged, and of deep bistre color; natural size. Examination no further pursued.

In reference to an opening in the mitral valve, Hope says :—
“ Mitral regurgitation often occurring through a chink so small as not to impair the strength of the pulse, frequently yield a perfectly soft, though possibly loud bellows murmur, for loudness and softness are by no means incompatible.”

Dr. Watts referred to similar cases, reported in the *New York Med. and Surg. Journal*, edited by *Dr. Swett*, somewhere about 1839 and 1840, of which but three or four numbers appeared.

Dr. T. C. Finnell presented the *uterus*, removed from a woman upon whom abortion had been produced, and who subsequently died of *peritonitis*, with the following account :—

Matilda McCarthy, aged nineteen, being about four months advanced in gestation, was desirous of having an abortion produced. She was advised to use a vapor bath of pennyroyal and tansy, and remain in the bath at least twenty minutes, then walk to Forty-second street and back again to her residence, in Spring street, as quickly as possible; also to drink freely of gin and tansy before leaving the house. This was on the 7th of March. On returning from her walk, she complained of great distention of the abdomen

by flatus, inability to walk, and a feeling of great prostration. At the end of a week labor pains came on, and she was soon delivered of a dead fœtus. On the third day after delivery, she seemed well enough to be up. At the end of the week she was seized with a chill, followed by fever, which terminated in death on the 28th of March, three weeks after delivery. The *autopsy* showed extensive peritonitis, with adhesion of all the abdominal organs to each other. About a pint of pus was in the pelvis, surrounding the uterus.

Dr. Finnell next exhibited a specimen of urine, not of interest in itself, but rather to refer to the effect of chloroform on puerperal convulsions, with the following history :—

Mrs. Henry, aged twenty, was taken in labor with her first child on Friday evening, March 21st. Dr. Finnell was called at seven o'clock, when he found her complaining of severe pain in the head. The pains of labor were regular but not strong, recurring every ten minutes. The puffy condition of the face, œdematous legs, and headache, led him to fear the occurrence of convulsions. While in the act of testing the urine for albumen, the nurse called him to the patient, who was in violent convulsions, which continued about five minutes. She was at once delivered with the forceps. A second convulsion came on in fifteen minutes after the first, more violent and lasted longer. The convulsions still recurred after delivery, at shorter intervals, and with the same force. The patient was comatose between each convulsion. He then commenced the use of chloroform, keeping her under its influence one hour. A slight twitching of the muscles of the face occurred a few minutes after the first inhalation, but the true convulsions did not return. Her recovery was rapid, being able to put the child to the breast on the second day. The urine contained albumen and urea.

Dr. Finnell then presented a *toe-nail* which he had removed, first benumbing its sensibility by the use of carbonic acid gas. The toe was placed in a large-mouthed glass jar, and the gas generated, first filling up the space between the toe and the jar by means of raw cotton. In fifteen minutes the nail could be bent and twisted without the slightest pain. The numbness extended to the little toe and the sole of the foot.

Dr. Finnell next presented several specimens from a woman eighty years old, who died from hæmoptysis, caused by tubercular disease of the lungs. She had mitral disease, granular kidneys, cirrhosis of liver, twenty-one fibrous tumors, of various sizes, scattered through-

out the uterus, one ovary in a state of calcification, cavities in lungs, some containing coagulated blood.

Dr. W. C. Livingston presented the heart of a Newfoundland dog, supposed to have been killed by leaping from a window in the fourth story of the building in which he was usually kept. He was found early one morning, on the walk directly opposite, dead. As he was always regarded a healthy and a remarkably intelligent animal, no reason could be assigned for his suicidal leap.

The body bore no external marks of injury save a slight escape of blood from the mouth. Upon taking off his hide, a contusion was revealed upon his left haunch, such as might readily be caused by a fall from such a height. The brain and medulla spinalis were quite healthy, as were, also, all the abdominal organs, save a number of recent superficial lacerations seen in different portions of the liver.

On opening the thorax, the right pleuro-cardial septum was found broken down, a large clot filling the pericardium, and about two quarts (more or less) of fluid, occupying the right pleural cavity. Upon carefully raising the clot from its position, a laceration was discovered in the walls of the right auricle, on its anterior aspect, about an inch in length, with jagged and very irregular margins, through which protruded portions of three or four filamentary worms, resembling very closely the "gut" of the silkworm used by anglers. The heart was now separated from its connections and carefully examined, when ten of these parasites, varying in length from six to ten and a-half inches, and about a third of a line in diameter, were found to occupy the right auricle and ventricle, and a single specimen was found in the pulmonary artery.

Professor Dalton, who very kindly examined the specimen, with the view of determining its characteristics and zoological position, considers it a hitherto undescribed species of *spiropterae*. He (Prof. D.) exhibited to the Society the genital organs of the male, as seen under the microscope, showing the two penes and convoluted testes surrounding the straight intestinal tube. He also remarked that the sexes were about equally divided, and that the males were the smaller of the two, having also a distinct coil in the anal extremity.

A preparation was here shown, belonging to the Museum of the "College of Physicians and Surgeons," labelled "A dog's heart filled with worms, from Hong Kong, China." The two specimens appear quite similar.

Dr. Isaacs remarked that, a number of years ago, while in the city of Baltimore, he examined the heart of a dog, which died from

the effects of an operation, for the removal of the spleen, and in that case the heart was filled with apparently the same species of worm. Dr. Isaacs also added that, in his case, the animal had previously exhibited symptoms of disease. He was short breasted, and considered asthmatic. Here, too, the parasites occupied only the right side of the organ.

Dr. Bibbins exhibited four specimens of *necrosis*, obtained at the Nursery Hospital, five years since, from cases of *cancrum oris*. The disease, in one instance, involved the superior maxillary bones on either side of the symphysis, terminating fatally; in the other three, the lower jaw, from the angle to a point near the middle, ending in recovery. The gangrenous was a sequence of ulcerative stomatitis, beginning at the margin of the gum of the tooth, adjacent to the part of the cheek affected. Patients were between two and a-half and four and a-half years of age, of marked strumous diathesis, with greatly impaired constitutions, from repeated attacks of disease during their stay in the institution. Removal of one or more teeth, and the thorough application to the congested portions with a swab, doing as little violence as possible, of a wash composed of sulphate of copper and powdered cinchona and water, made three or four times a day by a faithful Dutch nurse, who laid the children across her lap, with their heads depending so as to admit a full light upon the region to be stimulated, probably produced the favorable results.

The opinion was advanced that *cancrum oris* may occur independent of direct mercurial agency, for ulcerative inflammation of the mouth tending to gangrene, was not unfrequently seen in children who had taken no medicine for three or four months, having been during that time in the Nursery for the well, upon the Island.

April 23. *Dr. Alonzo Clark* presented a specimen of *hypertrophy* of the *heart*, without valvular disease, but with an unusual amount of atheromatous deposit in the aorta, which, in some portions, contained ulcerations, and in others were bony deposits. It was obtained from a gentleman, sixty-five years old, an unusually active; energetic person, and of good constitution;—his habits were not intemperate, but those of one who is termed a “high-liver.” From January until a few days since he attended to business, complaining but little, and that chiefly of dyspnoea. Sometime since the 1st of January disease of the kidneys became evident on examination of the urine, which contained albumen, and abundant fatty casts.

The case is interesting from the fact of there being hypertrophy to such an extent, without valvular disease, and its existence for so

many years, attended with so slight inconvenience, and the large amount of atheromatous deposit in the aorta.

Dr. Clark next presented, for *Dr. McCready*, a heart, showing an unfrequent degeneration, a *fibrinous* or *atheromatous deposit* on the *tricuspid valve*, the amount being not very abundant. The patient died of pneumonia and delirium tremens.

It was interesting only from its rarity.

Dr. Clark then presented a heart removed from a patient of Bellevue Hospital, accompanied with the following history :

Ann Ryan, domestic, aged 53 ; admitted to Ward 47 of Bellevue Hospital, March 29. With the exception of having had the small-pox and typhus fever, the patient had always been tolerably healthy till about four weeks before her admission, when, after an exposure to cold, she was attacked with diarrhœa, which continued till her admission. Three weeks before her admission, while in the act of lifting a heavy tub, she felt something give way under the left shoulder, and immediately fainted. On coming to her senses about an hour afterwards, she felt a severe pain in, and violent palpitation of the heart. Through the remainder of that day and the succeeding night she had frequent fits of dyspnœa, and for the two following days was confined to her bed ; but at the end of that time she was able to get up and walk about the room ; she continued able to do so for about a week or ten days, when she was obliged to keep her bed again, from growing weakness.

At the time of her admission she complained of pain in the right hypochondriac region, diarrhœa, want of appetite, cough, palpitation of the heart, and great dyspnœa on exertion. The heart was beating at the rate of 196 per minute, the pulse could be felt but not counted at the wrist. The respiration was 26—cough quite troublesome, the expectoration, which was scanty, consisted of mucus streaked with blood. The tongue was covered with a thin yellowish fur. The apex of the heart beat in its normal position, and the area of dullness was not increased, a slight murmur could be heard with the first sounds most distinct over the base, the pulsations were so rapid that it was impossible to say whether or no there was any diastolic murmur. The respiratory sounds natural, with the exception of an occasional sibilant rhonchus.

Ordered, Hoffman's anodyne and ammoniated tincture of valerian. Whiskey was given moderately, and a mustard plaster put on the right side.

March 30.—The patient felt somewhat better than on the previous

evening ; had several short naps during the night ; had four scanty watery evacuations from the bowels, and vomited once a considerable quantity of yellowish green matter ; pain in the side relieved by the mustard plaster ; physical signs not changed ; pulse 188. The diarrhœa continuing quite troublesome, ten grains of blue mass were ordered at night, to be followed in the morning by castor oil and laudanum. Half a grain of morphine was ordered at bed time.

March 31.—The patient slept better than usual, and had no passage from the bowels during the night, but vomited several times ; in the morning coughed up several mouthfuls of dark bloody matter. Physical signs as before ; pulse 172. Ordered hydrocyanic acid to quiet the stomach ; but that producing no effect, upon the vomiting, lime water and milk were ordered in the afternoon, which checked it. Stimulants continued.

April 1.—The patient slept a little through the night. In the morning the bloody expectoration had become quite copious. At the base of each lung a sub-mucous crepitus could be heard, but no dullness ; pulse 188. Dr. Clark saw the patient in the afternoon, and thought the murmur was most distinct half way between the base and apex of the heart.

April 2.—The patient slept rather better than usual the night previous. Though she felt some better in the morning, the expectoration became more profuse, and seemed to be almost pure blood. The crepitus could be heard more distinctly, and over a larger space than the day before, and some dullness upon percussion was found at the base of each lung, most marked on the right side ; pulse 172. The diarrhœa again became troublesome, but was readily checked by opium.

April 3.—The bloody expectoration became more profuse, and the patient began to grow gradually weaker. The physical signs were not changed. The stimulants were continued, and moderate doses of morphine given.

April 4.—About 11 o'clock the patient grew suddenly worse : the pulse was imperceptible at the wrist ; the hands and feet became cold ; the forehead was covered with a cold perspiration. She was extremely restless, and unable to lie down more than a minute or two at a time ; the bloody expectoration was more copious than the day before. Over about two-thirds of the lower part of the left lung behind, and over a considerably greater extent on the right, sub-crepitant râles could be heard. On both sides in front sibilant and sonorous râles.

The heart was beating at the rate of 144. Carbonate of ammonia and whiskey punch were freely administered, and in a short time the patient was easier, and continued so till evening, when her respiration became much less frequent than before; at 12 P. M. they were reduced to 8 per minute; the pulse was 92, and could easily be counted at the wrist; the hands and feet were warm, but the patient was in a semi-comatose state; the coma became more and more profound, and the respirations slower and slower till $4\frac{1}{2}$ A. M., when they ceased altogether.

Autopsy, thirty hours after death.—Decomposition commencing; surface of chest and abdomen quite green. On opening the chest, the lungs were found adherent to the costal walls by old false membrane. The cavity of the right pleura contained about six ounces of serum, deeply colored with blood; the left contained about four ounces of a similar fluid. The lungs were everywhere crepitant except a small portion of the anterior edge of the left, about the size of the first joint of a man's thumb, and a spot about the size of a large pea in the same lung, which were solidified by an apoplectic effusion. Liver congested. Spleen small, and firmer than natural. Kidneys congested. The other abdominal organs were healthy. The heart was very flabby, and paler than natural. On the pericardium, near the base of the heart, were several patches of recently effused lymph, looking like sanded paint. The mitral, aortic, and tricuspid valves were perfectly healthy. There was some atheromatous matter in the coats of the pulmonary artery; there was a small rupture about a line or two in length. The muscular tissue of the heart was found, by a microscopical examination, to be fatty.

Dr. Elisha Harris then laid before the members a number of specimens, obtained from the Quarantine Hospital. No written histories accompanied the cases.

Dr. F. C. Finnell presented, for *Dr. Gunning S. Bedford*, a *fibrous tumor of the uterus*, removed by incision from an unmarried lady, fifty years of age. For five years she had been troubled with symptoms of polypus. Her health was much reduced by the severe hæmorrhage, which occurred from time to time; and much uneasiness was caused by the pressure of the tumor on the bladder and rectum. Its removal was with some difficulty accomplished by a probe-pointed bistoury, as the mass completely filled the vagina. No hæmorrhage followed. A microscopic examination showed it to be composed of the ordinary constituents of a fibrous tumor.

Dr. Finnell then exhibited, for *Professor Bedford*, a portion of the

left lung, in a state of *pneumonia*, removed from a child, four months and a half old, who died on the 14th of April, 1856, in consequence of a communication between the apex of the left lung and a fistulous track, the outer opening of which was in the posterior portion of the neck, a little to the left of the second cervical vertebra.

The child was born on the 26th of November, 1855, after an ordinary labor of twelve hours. At the time of his birth, he was a remarkably healthy and vigorous infant, was nursed by his mother, and continued perfectly healthy until early in February, when his bowels became much deranged, in consequence of the improper character of the mother's milk. A wet-nurse was obtained. The derangement of the bowels ceased, and the child continued to enjoy its usual good health until the 25th of February, when, without any apparent cause, it screamed any time it was moved, and appeared to be in great distress. The child's bowels were in good order; the milk of the wet-nurse was excellent, and agreed with it, the child taking at all times freely of the breast, and thriving under its nourishment, the only unnatural feature in the case being the extreme suffering of the infant, on the slightest movement, more particularly of its head. Repeated examinations were made, but nothing could be detected to account for the suffering until the 3d of March, when a small tumor was detected on the upper portion of the neck, on the side of the second cervical vertebra. A slippery-elm poultice was immediately ordered, and in two days afterwards distinct fluctuation being felt, the abscess was opened, and there escaped a wine-glass of purulent matter. The child was immediately relieved, and ceased to cry on motion. The abscess continued to discharge freely, and it was quite evident that fistulous openings were forming in the neck. On the 9th of March, a solution of the sulphate of zinc, gr. j. to ʒj. of water, was thrown daily into the sinuses, with some apparent good effect; but the discharge still continued, and the sinuses were evidently extending. On the 15th of March, the infant was attacked with *scarlatina simplex*, which, however, soon yielded. The sinuses, one rather obliquely and to the right, the other downward and forward to the left, continuing to increase, I felt some anxiety about the case, and requested Dr. Mott to see it. On the 2d of April, he suggested, as an injection, ʒj. of tincture of iodine to ʒjss. of water, once a day. There was no very sensible diminution in the discharge for several days. Considering the quantity of matter discharged, it was remarkable how well the child sustained itself. Up to the morning of the 13th of April, nothing

unusual occurred. On visiting the infant on that morning, I was struck with the change in its appearance ; it was evidently in a state of collapse. As soon as I entered the chamber, the mother told me that, about seven o'clock of that morning, she was startled by a peculiar noise, like the escape of air, from the opening in the child's neck. She insisted, as did the nurse, that she could not be mistaken. If her statement were not one of imagination, the case certainly presented a very serious aspect, for it was pretty conclusive evidence that if air did escape, it could only be through a communication with the lungs. The sudden state of *collapse* gave additional weight to the statement. About three or four hours after the escape of air was heard, the child threw up blood, which, on being examined, was of vermilion color and frothy, and evidently came from the lungs. As soon as I heard these facts, I was anxious to ascertain the true state of the respiration ; and on applying my ear to the left lung, both anteriorly and posteriorly, I found no respiratory murmur whatever ; and percussion revealed a dull, flat sound at the upper portion of the lung. In the course of an hour, Dr. Mott saw the child with me. It continued to sink, passing occasionally blood from its lungs, and expired on Tuesday, 14th of April, at half-past three o'clock P. M., just thirty three and a half hours after the mother and nurse supposed they heard the emission of air through the outer opening in the neck.

On Tuesday, 15th April, at eleven o'clock, a *post mortem* examination was made by Dr. Alexander B. Mott, in the presence of Dr. Mott, my son, Dr. Henry M. Bedford, and myself, and the following facts were revealed :—The tract of the sinus on the left side of the second cervical vertebra passed forward and downward, between the sheath of the carotid artery and longus colli muscle, terminating at the apex of the left lung, where ulceration had taken place. This at once accounted for the unusual phenomena observed before death, viz., the escape of air through the outer opening, and the passage of blood from the lungs. There was pneumonia of the left lung.

Dr. Conant presented a mass of *venereal warts*, removed from a young man, twenty-seven years old, who never had syphilis, but gonorrhœa on one occasion. It first appeared in July as a small wart. It continued to increase until it attained the present size.

Dr. Van Buren inquired why they were termed venereal ? He himself believed that they had no connection with venereal disease, syphilis, or gonorrhœa. He had seen them on young children. They were simply warts, altered by location, and occasionally

becoming degenerated and cancerous. He once removed a mass—the disease returned as epithelial cancer.

Dr. Sayre removed a similar mass from a boy, ten years old. No return of the disease has occurred.

Dr. Harris stated that he had removed a mass of warty excrescences from the vulva of a patient, who had four years previously been operated upon for the same cause, in Edinburgh. No return had occurred nine months after, nor had she, as far as could be ascertained, ever been affected with syphilis.

Dr. Conant then laid before the members a number, nine in all, of specimens of *fibrous tumors of the uterus*. The histories he did not possess. In the first one the tumor was situated in the fallopian tube. It was removed from a woman who died of cholera. She had borne children. In the second, it is seen in the walls of the womb. In the third, it is seen to be attached by a pedicle. In the fourth one it is situated in the walls, encroaching on the cavity of the organ. In the fifth it is developed in the posterior wall, the cervix not affected. In the sixth, all portions, except the cervix, are affected. In the seventh, the tumors are external, in every part. In the eighth, external as well as internal, the ovaries normal. In the ninth, the tumor is developed in the posterior walls, and occupies the sacrum. This patient had borne children.

Dr. Hinton presented a specimen of caries of the mastoid cells.

Dr. Gardener exhibited a blighted ovum, which was carried seven months.

CHRONICLE OF MEDICAL PROGRESS.

Pneumonia, its Pathology and Treatment. By E. READ, M. D., of Indiana.—*Nash. Jour.*

The writer rejects the generally admitted pathology of pneumonia, and bases his treatment upon congestion, which he conceives is the true pathology of the disease. He says: "The true indications to be fulfilled, in the treatment of pneumonia, are to equalize the circulation, allay irritation, and promote expectoration. * * Calomel and opium, judiciously combined, and timely administered, stand pre-eminent in accomplishing these ends. The opium administered in full doses, to the extent of producing narcotism, will allay all irritation, and, combined with calomel, becomes the best expectorant we have,

and at the same time tends most perfectly to restore the lost balance of the circulating system." He comes to the same general result—granting for the moment the disease to be inflammatory, quoting Hamilton, James, Johnson, and Armstrong, and Christison, as to the value of the forementioned agents in inflammatory affections.

Opium, quinine, stimulants, and calomel, are the remedies upon which Dr. Read chiefly relies. He gives two or three grains of opium every four hours until the patient is brought under its influence, repeating sufficiently often to maintain the condition until resolution takes place. Opium uncombined is best adapted to the infirm and aged, but to the vigorous and robust he substitutes the Dover's powder, in ten-grain doses, until the same effect is produced. Calomel may be combined with either, in four-grain doses, where it is indicated. "After one or two doses the irritability is quieted, the cough subdued, and the patient falls into a tranquil sleep—the cutaneous system is relaxed, the circulation of the blood equalized, and a profuse perspiration ensues." * * "If there is pain in either side, a large blister is to be applied as soon as diaphoresis is fully established." * *

The treatment is to be maintained throughout the disease, until the expectoration has changed into a light color, and resolution has been established.

It is of the highest importance to maintain the strength of the patient in pneumonia, and, consequently, light and nourishing food should be taken daily; and if advanced in life, or of impaired constitution, whiskey toddy should be freely used throughout the disease.

Quinine can be resorted to at any stage, if necessary, but especially should be used as soon as resolution takes place. Dr. Read gives it in five-grain doses two or four times in the twenty-four hours.

He has found most signal benefit from the application to the chest of flannel cloths wrung out of hot water, renewed as often as they get cool.

These are the general ideas in Dr. Read's paper, and certainly are deserving of some attention. The grand effects of opium in large doses, may obtain in pneumonia most gratifying results.

Closure of the Ostium Vaginae by a Membrane. Dr. Nims, of Homer, Michigan, reports in the *Boston Medical and Surgical Journal* a case of labor occurring with a woman confined with her second child. At the birth of her first child, six years ago, the patient had suffered a tedious delivery from the unyielding of the os-uteri and

soft parts. The head of the child pressed upon the soft parts for several hours, and it was supposed some sloughing followed. The child was still-born. The mother recovered in a reasonable time, and has since had good health.

Soon after her recovery, I learned of her husband that the passage to the vagina was entirely closed, and she entertained no hopes of again becoming a mother. Fortune ordered otherwise, however, for on the 23d of January of the present year, Dr. Nims was called to attend her. When he arrived, pains were severe, and herself and friends in great trepidation. Examination found the passage to the uterus closed at the usual place of a hymen, by a membrane about two lines in thickness, pierced by an aperture barely sufficient to admit a small catheter. With a probe pointed bistoury, and protecting the edge, with the exception of about half an inch at the end, he introduced the point of the knife through the aperture, and divided the membrane towards the perineum to the commissure, and then turning the knife, he cut the membrane through its extent towards the clitoris. Pains continued regularly, and in two hours and a half the woman was delivered of a fine healthy child, weighing eight pounds. Mother and child did finely.

Ligatures upon Arteries. It seems that the ligating of arteries is one of the most serious operations in surgery, at least we may so judge, if we look at statistics, which show the average number of deaths following the ligature to be about 28 per cent. We gather this result from about 1,400 cases mentioned by Broca in his work on the "Treatment of Aneurisms by Compression."

Space to be Accorded to Inmates of Public Institutions. The editor of the *Journal of Health* (December, 1855,) says that "the amount of space should vary under different circumstances. In the common living or day-room, where the inmates are constantly moving, the space should not, under any system of ventilation, be less than 400 cubic feet per person. In the sleeping apartments of healthy people, 600 cubic feet should be the minimum, 800 not being too much. In the sick ward, 1000 cubic feet is the least that should be permitted. Of course ventilation makes great differences, but as this is most uncertain, and as the amount of common air required by each individual is about 212 cubic feet per hour, a liberal view in regard to space should be taken. Sir John Pringle remarks that, for a ward to be healthy, it ought to have but half as many beds as it would to appearance conveniently hold. There is great truth in this observation."

Ricord and his Patient.—The following sprightly feuilleton is from the pen of Dr. Schlesinger, a Paris correspondent of the *Vienna Medical Times* :

"I had an opportunity of observing a case in the private practice of Prof. Ricord, and the communication may not be uninteresting, when viewed from the standpoint of *unus pro multis*. A young countryman had enjoyed the seductive charms of beautiful Lutaetia, and had studied the manner of living of the French, particularly in those large schools at Mabille, Jardin d'Hiver, and Asnières, and indeed had become so immersed in his favorite study, that he bore away, as a final prize—a gonorrhœa. The martyr to these studies had already been, when I arrived in Paris, for seven weeks in undisputed possession of this enviable acquisition. Ricord was his physician. During this time he had made twenty visits to Ricord, and received six visits from him. For the former, Ricord received each time the usual honorarium of twenty francs—for the latter, forty francs. The Doctor's bill alone was 640 francs. But the gonorrhœa, at the end of the seventh week, was still—in *floribus*. Besides the Doctor, the apothecary had profited, in this right French article, from 120 to 150 francs. Ricord writes recipes, many, very many recipes, daily changing them, and daily making them more costly. He says, you can have these put up by any favorite apothecary, "*mais le Pharmacien Favrot, Rue Richelieu, connaît, déjà mes ordonnances.*" The hint is as good as a command. You go then to Favrot, Rue Richelieu. And our countryman went there also. Ricord had prescribed already, by turns, tisans, *limonade gazeuse purgative*, *capsules de cubèbe*, *capsules de copahu*, *copahine mége ferrée prep.*, different syrups, baths, and costly perfumed injections, when, in addition to the gonorrhœa, slight symptoms of the commencement of an epididymitis appeared, and he ordered the application of fifteen leeches. The Pharmacien Favrot, Rue Richelieu, is a French tradesman, in the most gallant and refined sense of this significant word. He takes the recipe, and tells the young man that he will send the leeches, with suitable accompaniments, to the hotel. Now comes a pretty demoiselle with an elegant *carton*. Therein are to be found leeches, linen, charpie, sponge, sticking plaster, suspensory, syringe, scissors—in short, everything that a man in such a condition could desire for weal or woe, and everything is nice and tasteful. The pretty bearer of this Pandora's box is the "*Nourrice.*" The Nourrice is the attendant, the leecher. The young man is taken aback,—the feeling of shame suddenly comes to him. She discovers it and says : "*Eh ! vous avez honte, allez vous en*"

j'ai déjà vu ça depuis mon enfance mille et mille fois." I have confidence in her veracity.

In addition to the usual quick irritability of the genitals during a gonorrhœa, the pretty nourrice, although she understands how to treat the *corpus delécti* with practiced and very delicate hands, yet still remains a—pretty nourrice. The nourrice laughs maliciously, and relates, during the application, some most charming little stories out of the *Chronique Scandaleuse* of the Parisians. She knows many a piquant tale even about the Doctor and the Apothecary.

After a few days, the apothecary's bill comes in, 80 to 100 francs for the carton, its contents, and the messenger. I have in my possession such recipes and bills. The circumstance that the apothecaries in France, as in England, have a care for everything that a man requires in such a gallant condition, has also its bright side, since the patient is not obliged to run to ten places before he collects his curative apparatus. This makes a wearisome day. In our country, the apothecary would be sued for damage to business, on account of the linen by the linen draper, of the sponge by the grocer, of the knife by the cutler, of the suspensory by the bandage-maker, of the syringe by the glass-blower or pewter-worker, and the Board of Trade and the magistrate would have their trouble !

After I had been in Paris five weeks, in the twelfth of the gonorrhœa, the young man was still not rid of his dear companion—he was very morose, not able to continue his studies, and had expended there a sum of 1,200 francs on the doctor and the apothecary. A pretty outlay of capital, with—*running* interest.

Operation for Paraphimosis. At the session of the Academy of Sciences (Paris), on the 21st of April, the following extract was read from a letter of M. Malgaigne :—

“With this strangulation, as with strangulated hernia, we attempt at first to accomplish reduction, and usually succeed. But when reduction is impossible, it is advised, as with strangulated hernia, to divide the bridle which strangulates it, even if it is necessary to repeat this section at two or three points. The danger of strangulation is thus diminished, but the reduction still continues to be impossible. At least I have never seen it accomplished after such an operation. What is the reason of this want of success? It is that the preputial ring, in producing inflammation, ulceration, sometimes even gangrene, of the parts strangulated, commences by thickening the subjacent cellular tissue, and by producing extensive adhesions

between the integument and the cavernous bodies. Dividing the stricture, though repeated, does not destroy these adhesions, and does not suffice for the reduction, while destruction of these adhesions, even without division of the stricture, is sufficient to allow the return of the parts to their place.

"Thus the study of this affection has led me to distinguish a new element, hitherto left in the shade. The establishment of this element gave a new indication, and this is the way in which I have met this indication.

"A young man came under my care the 11th of this month, for a paraphimosis of five days duration, and already there was seen upon the back of the penis a superficial ulceration, embracing more than half of the circumference of the organ. The *internes* tried to reduce it without success. The next day, at the visit, I was no more fortunate; the adhesions of the integument to the cancerous bodies presented an insurmountable obstacle to it. I slipped a narrow bistoury flatways between the integuments and the cavernous bodies, by means of which I divided those adhesions to the extent of one centimetre (four-tenths of an inch). This did not suffice. I carried a probe-pointed bistoury into the incision, to complete the division of the adhesions throughout their whole extent, and the reduction was accomplished with the greatest facility. The next day, the engorgement of the prepuce had diminished, the third day the ulcerated surface had cicatrized, and the patient went out the 20th of April, having been well several days, and without experiencing any kind of accident."

Small-Pox in Fetus. A case of this kind we find in the *Virginia Medical and Surgical Journal*, translated from the *Gaz. Med. de Paris*, reported by M. Blot. The woman, in the sixth month of her second pregnancy, was attacked with small-pox. The attack was not severe. During convalescence she felt the motions of the child growing weaker, and, at last, cease. Two days after the cessation labor came on, and she was delivered of a six and a half months' fœtus, covered with variola pustules.

Inoculation against Yellow Fever. M. Berg, surgeon in the French navy, who has recently returned from the West India station, gives, in a report dated March 31, 1856, the following as the results of his observation referring to this alleged prophylaxis:—

"With the purpose of ascertaining if individuals who had been inoculated afterwards contracted yellow fever, I visited all the hos-

pitals, and made enquiries of the most eminent physicians, whether civil or military, of Havana. I learned that on board the Spanish frigate *Cortes*, inoculated persons had had yellow fever.

"At the Military Hospital, 200 men at least had had the same experience, in spite of the use of the virus.

"At Dr. Belot's Hospital I have myself counted fifteen cases of yellow fever in persons who had been previously inoculated.

"The fact was then decided at my departure; and even as to the first effects of the inoculation, it was admitted, after numerous experiments, that the use of the putrefying matters of a liver, unmodified by the virus of a reptile, would give rise to the same symptoms as those which followed the inoculation of the liquid prepared by the discoverer."

Iodine in Syphilis. By M. FANTONETTI.

After a long and very just enumeration of the inconveniences inherent to the mercurial treatment, the author establishes comparatively the indications for iodine medication. But, says he, to obtain the best results, it will be necessary to have a pharmaceutical formula which shall furnish a remedy, unalterable in its preparation, agreeable to the taste, and not liable to produce any unpleasant results. Now, the remedial action of pure iodine is more durable than that of iodide of potassium, which is so rapidly carried off by the urine.

But to obtain from this remedy the desired effect, it is necessary that it should be extremely divided, and that it should remain in this condition unalterable for some time. The tincture of iodine changes because of the chemical action which takes place, and produces iodhydric acid, which, again reacting on the alcohol, forms iodhydric ether, from which then results the separation of a portion of the iodine.

M. Fantonetti gives the following proceeding as realizing the desired end:

Put five centigrammes (.77 of a grain) of iodine into a glass or porcelain mortar, pour on it nine or ten drops of alcohol, and triturate it till it is completely dissolved. Then mix thoroughly with it, first, *three* drachms, and, afterwards, *six and a-half* drachms of refined sugar. This whole quantity should be divided into *fourteen* equal parts, of which the patient may take *three* and *four*, or even *five*, in twenty-four hours.

It is not well to prepare a larger quantity at a time, because the iodine, in contact with the air, is volatilized at the ordinary tempera-

ture. Experience has shown that there is no danger of the conversion of the iodine into iodhydric acid. Iodine honey may be made by combining ten drachms of honey with the mixture above described, or pastiles of chocolate, by mixing it with chocolate paste after the addition of the first quantity of sugar.

The author quotes five examples of success obtained in patients who had already taken mercury, by the use of this remedy, which was found agreeable and without inconvenience.—*Giornale delle Scienze Mediche di Torino*.

Dr. De Mahy reports, in the *Gaz. Hebdom.*, May 2d, the cure of an umbilical hernia, by the use of collodion. Compresses retained by bandages had failed to cure, while lead plaster irritated the skin too much to be borne. Collodion was applied on the 16th of December, 1855, and at the end of January the hernia remained reduced, when the collodion came off. The writer adds: "It is necessary to use *pure* collodion, which dries quickly and contracts strongly; that which contains castor oil, or oil of turpentine, is too flexible. It is unnecessary to reduce the hernia; the application, in drying, returns and retains it. It should be applied upon the tumor and all around it, so as to cover a place of about the size of a five franc piece. If the skin is too wrinkled around the collodion and becomes red, this slight inconvenience is remedied by covering the skin with a thin coating of cerate, or, better still, of glycerine. Collodion thus applied remains for seven or eight days. It gradually separates from the circumference to the centre, and finally falls off. It is then only necessary to renew the dressing, and this the mother or the nurse can do perfectly well. The collodion does not at all interfere with the use of baths or lotions, which the health of the patient may demand."

Elimination of Antimony. The London correspondent of the *Dublin Medical Press* says that "Dr. Richardson has gone through a series of experiments on animals as to the elimination of antimony from the body, the result of which he has brought before private friends, as well as before the Medical Society of London. The tendency of all antimony injected even into the veins, is to be eliminated by the bowels, so that here it is found in largest quantity."

Spanish Proverb.—"If physic do not work, prepare for the kirk." This sounds more like Scotland than Spain.

On Syncope Senilis from Gastric Irritation. By JOHN HIGGINBOT-
TOM, F.R.S., F.R.C.S.

I have given the name of "syncope senilis" to this affection, particularly to direct the attention of the profession to the aged. The same complaint is common to all ages, but in a more aggravated form in infancy and old age. I am not aware that the affection has been specially noticed by any author, except under the head of indigestion, and the sufferers themselves often call it a bilious attack. I do not think that the symptom of syncope is so apparent in infancy ; and I believe in middle age the attacks are slighter, and not often serious. The syncope in old age is very apparent, and is the first symptom requiring prompt attention, for if remedies are neglected, the complaint becomes sometimes much aggravated, and is followed by convulsion and death.

It is about thirty years since I first noticed particularly the syncope senilis. The subject was about 70 years of age. I thought at that time it was a precursor of an attack of apoplexy, the patient having had a slight paralysis when about 23 years of age, which affected him slightly through life. I was glad to find on his recovery, that there was no increase of his paralytic symptoms. Since that time, I have often observed the same syncope, unattended by any permanent ill effects.

My patients have been from 68 to 86 years of age ; the youngest 68, and the oldest 86. I am not aware that they have labored under any organic disease whatever ; but we all know, that at an advanced age the brain and heart, the nervous and vascular system, are frequently more inactive, and in an impaired condition.

In the cases I have attended of syncope senilis, gastric irritation appears to have been the sole cause of the attack. At that advanced age, mastication of the food is very imperfectly or not at all performed, for want of teeth ; solid animal food has been eaten when the stomach has been in an unfit state to assimilate it, usually after having had a longer walk than the patient has been accustomed to, or had more muscular exertion than usual, so as to produce fatigue, and sometimes after exposure to cold ; all which tend to weaken the power of the stomach. On this account the food remains an indigestible mass in the stomach, and gives rise to gastric irritation, producing syncope and convulsion, which sometimes follows, often slight at first, but becoming more formidable, or even fatal, if proper remedies are not promptly used.

I was called to a patient about three o'clock in the morning, his

wife having been awoke by his hard breathing and noise in his throat. She found her husband was in a fit. I was directly sent for. When I arrived he had partially recovered, but very soon after he had a second fit, which had the appearance of a slight attack of epilepsy, attended with convulsion, but had no bitten tongue, as is usual in severe attacks of epilepsy. As soon as he was sufficiently recovered from the attack, so that he could swallow, I gave him half a drachm of the powder of ipecacuanha with fifteen grains of the bicarbonate of potass, which was followed by full vomiting; he ejected lumps of solid beef, which appeared to have been swallowed, or rather bolted, without having been masticated at all; one of the pieces, I observed, was about an inch long and three-quarters of an inch in thickness. Although the food had been taken into the stomach about sixteen hours, the acute corners and edges of the beef appeared as if just cut with a sharp knife, not the least digested. No further remedy was required after the emetic, but attention to the bowels, which he reluctantly submitted to, saying he was quite well.

In a month afterwards he had another fit of a similar nature. He fell down in a moment on the floor, and remained in the same state as in the former case for half an hour; the same remedies were resorted to as before, and he recovered quickly. I expect the patient will have a return of the syncope, as he is very wilful, and will not attend to any means of prevention. This patient was the youngest, being 68 years of age. Previous to the first fit he had been using much muscular exertion, still being active in business.

Another case is that of an old patient of 86 years, who at intervals of a few weeks had several similar attacks of syncope. After the last fit, attended with slight convulsion, I was induced to think it had been occasioned by taking solid food, which was swallowed after imperfect mastication; on that account I forbade him the use of animal food altogether. This regimen he has now strictly adhered to for some months, except a few times having taken a small quantity of tripe. He has had no return of his fainting fit, a much longer time having now elapsed than the interval, after which he had several of the previous attacks. I would make an observation here, as a contrast to the former case I have related in the younger man, that at a more advanced age the patient does not recover so quickly from the attack, but requires particular attention to the digestive organs for some days with gentle aperients, and saline medicine in a state of effervescence.

It is not unusual for even young men to have similar attacks from

indigestion, when sudden syncope for a short period comes on, recovery taking place in a few moments. The same attack at an advanced age, I presume, would be attended with aggravated symptoms, such as those I have witnessed.

The lamentable illness and death of the Duke of Wellington appears to me to have been a case of "syncope senilis," which became aggravated, and terminated fatally. In the "Life of the Duke of Wellington," by Stocqueler, it is stated that "the health of his Grace had been unusually good for some days, and on Monday, the 13th of September, it was remarked that he took a longer walk than usual through the grounds attached to the Castle." The *Lancet* of the 16th October, 1852, in the leading article, says: "During some days preceding the 14th of September, 1852, the day of the Duke's death, there had been a hot midday sun, a considerable wind, chiefly from the North, and the evenings and nights were cold and chilly. The thermometer, on the night preceding the fatal event, was only six degrees above the freezing point; on the preceding day it had been up to ninety-two degrees Fahr. No precautions were taken to obviate the effect of such a change on the aged and necessarily weak system of the Duke, and the pallor of his countenance observed on the preceding Sunday showed that this influence was telling on the circulation. The stomach was ill prepared to receive a hearty dinner, and the difficulties of that organ were further increased by receiving a considerable quantity of food imperfectly masticated in consequence of the Duke's loss of teeth." "He took for dinner *mock turtle, turbot, venison, and pudding.*" It is further added in the *Lancet*: "It is probable that had the Duke's stomach been relieved by vomiting in the early part of the morning, he would now be with us; it is even probable that such an effort, if successful at nine o'clock, might have saved him; but every hour added to the exhaustion, and rendered such an act difficult."

My brother-in-law, Dr. Marshal Hall, observes, in a paper in the *Lancet* of October 30th, 1852, "On the malady of the late Duke of Wellington,"—"It is obvious that if efficient vomiting could have been induced, the offending cause of this lamentable malady would have been removed, and all might have been well; he would, humanly speaking, still be with us. We have no evidence that the Duke of Wellington had any organic disease of either the brain or the heart. It is to be regretted that there was no post-mortem examination." I fully concur with the leading article in the *Lancet*, and with Dr. Mar-

shall Hall's opinion, that an efficient vomiting at an early period would have been a most effectual remedy.

I know no emetic equal in such a case to half a drachm of the powder of ipecacuanha, with the addition of ten or fifteen grains of the bicarbonate of potass, as it corrects any acidity in the stomach, and produces full vomiting both safely and quickly ; it has also the power of raising the system to its normal condition, without producing any unnatural excitement, and promotes the healthy secretions of the various organs of the body. The nausea and inefficient vomiting arising from natural efforts to empty the stomach, I have no doubt produces debility and exhaustion, when a full vomiting from ipecacuanha has the contrary effect. Should the first half-drachm of ipecacuanha not operate, a second such dose may be given with the greatest safety, it only having the effect of a more speedy operation. If vomiting still should not follow, the fauces might be irritated with a feather to excite it. I have for the last forty years given ipecacuanha emetics with the same freedom as I have purgatives, and never saw any bad result.

It might be thought by some individuals that abstaining from animal food at the period of old age might be attended with the loss of health and strength. I had an instance in a relation of my own family, who, at 70 years of age, quite abstained from animal food, and also from wine. After the lapse of ten years, when at the age of 80, he was requested by his relatives to resume his animal food and wine, he excused himself from taking either of them by saying he did not want them, for he was very healthy, and in good spirits, although very thin in body. He lived till he was nearly 90 years of age. This old gentleman, I apprehend, would have been a likely subject for the *syndrome senilis* had he been in the habit of taking solid animal food, which he could not masticate, and would most probably have shortened his days.

At an advanced age when the physical powers of the body are declining, and second childhood approaching, and at that period when comparatively little exercise only can be taken, the body does not require the same solid food. Nature points out the use of milk and light farinaceous matter as an aliment, as being more natural, and adapted to that period of life ; such food alone is sufficient to keep the body in a healthy, cheerful, and happy state. It has been erroneously stated that "wine is the milk of old age ;" I believe the truth is, that milk is the wine of old age, for both the first and second childhood, the most natural and the most nutritious. Dr. Erasmus

Darwin used to say, "Milk is white blood." The oldest individuals I have known have lived principally upon milk diet. Second childhood may be treated much in the way as directed by the late Dr. James Hamilton, professor of midwifery in the University of Edinburgh: "Plenty of milk, plenty of flannel, and plenty of sleep or rest."—*Lancet*.

"*Syncope senilis*" will doubtless have a run amongst those who carry their knowledge on the tips of their tongues; but if it occurs "in a more aggravated form in *infancy* and old age," and if "it is not unusual for even young men to have similar attacks," how can it hold its place? Then, if it has not been noticed by any author "except under the head of indigestion," what matter? for under the head of indigestion, there is ample room for such inquiry. But suppose the "gastric irritation" should be the effect and not the "sole cause," and that the food remained undigested because the brain was at fault? Be this as it may, it is well to empty stomach; but is an emetic safe with cerebral congestion? Moreover, as to the merits of milk, is not milk converted into curd in the stomach, and is not curd found rather indigestible in some cases? The writer of this article may be right, but it may be well to hint dissent, when sanguine people are prone to beg the question.—*Ed. Dub. Press*.

The Christian Physician. Extracts from a Sermon delivered in the Unitarian Church of Detroit, on Sunday Evening, May 4th, 1856, by J. T. Mumford.

Colossians iv. 14—Luke, the beloved Physician.

While I contend that the Gospel should be one of the text-books in every art and science, I believe it to be singularly adapted to the wants of a physician. The medical profession is marked by temptations to evil which it requires a Christian to resist, and opportunities of usefulness which only a Christian can thoroughly improve. The theme is very fruitful in suggestions, but for the sake of needed brevity, I will confine myself to the aids which a physician may derive from Christian principles in the delicacy of his thoughts and feelings, the truthfulness of his words and deeds, his devotion to the welfare of his race, and his views of human suffering and death.

There is no trait of a medical practitioner which is more lovely and of good report than his refinement and delicacy. If any man needs to be a gentleman, it is a doctor of medicine. Brought by the nature of his duties into close and intimate relations with persons of every rank, sex, and condition, and to deal with many hidden and sacred events of life, the least coarseness on his part must often produce acute and terrible sufferings. I suppose there are beings called men

and women who can bear to be treated like brutes, but it is only among the lowest and vilest of our kind that dignity and delicacy can be ignored by a physician. Knowing how tender are the sensibilities of the sick, indignant at the roughness and indecency of some who disgrace their profession, I would not call to my own bedside, nor be instrumental in calling to a friend's chamber, any man in whose purity and refinement I had not the fullest confidence. Great skill and good manners usually go together; but if I am ever compelled to choose between a gentleman of moderate skill and a boor of consummate ability, I would rather suffer a little in the hands of the gentleman than be perfectly safe in the paws of the boor. Nor do I think that I am peculiar in this impression. I know that there is not an invalid of right aims and delicate feelings who does not consider refinement as among the very first considerations in the choice of a doctor. No material injury is equal to spiritual wrongs. It is better to have the body neglected than to have the mind sullied and the soul assailed.

I now say that constant, unvarying refinement can only be secured by Christian principles. A worldly man may feign delicacy of feeling so as to deceive the tough and obtuse, but it is not so easy to cheat the instincts of the tender and pure. Considerations of policy are only dams erected against streams of coarseness. A Christian purpose purifies the very fountain of life. When graces are artificial, they require vast shrewdness to avoid detection. When virtues are genuine, it is as easy to appear delicate and refined as it is for flowers to give forth their fragrance, or suns to scatter light.

A physician should be truthful, as well as refined. If he is not sincere, his very refinement is superficial and vain. Integrity is the king of virtues.

It was once confessed that there were boundaries of human knowledge. No man was expected to know everything. But in these modern times, when every apothecary's shop is full of panaceas, and sturdy claims to omniscience are put forth by professors of the healing art, it has become unsafe and impolitic for a physician to admit the least ignorance. The temptation to give prompt and decided answers, even when he is sorely in doubt, is very great. I fear that many of our doctors cannot truthfully declare that they have never undertaken to supply the popular demand for infallible physicians. How humiliating is this unprincipled flattery of the prejudices of ignorant persons! My friends, when I look into books of physiology, or observe the workings of my own frame, awed by the conviction that we are fearfully and wonderfully made, I do not dare to suppose that I can find men who have solved every mystery of the human system. When I note the varieties of disease, and mark how hidden are the most important processes of nature, I am led to distrust that man who speaks with at least as much confidence as would become our Maker of the causes and consequences of the ills that flesh is heir to. On the other hand, a candid medical practitioner who sometimes confesses that he does not wholly understand a difficult case, is apt to have my full belief, whenever he speaks with decision

and assurance. Although at first sight it may seem a paradox, it ought to be a truism that it requires great learning, excellent judgment, and rare moral courage, to be able to confess, "I am ignorant;" and it only takes gross ignorance and presumption to say, "I know all about it." In view of the common prejudice which attaches to the admission of ignorance and doubt, it seems to me that every physician needs to look above the errors of his age to the throne of Him who requires truth in the inward parts, and for every false word and deed will bring us into judgment.

A physician should be a humane man, able to feel and at proper times to express his sympathy with the care-worn and sorrowful.

It is a long time since I have read anything more eloquent than these passages from Dr. Ware's address to medical graduates:—

"According to the bias with which it is begun the life of a physician may either quicken or blunt these sensibilities. It is not to be denied that the tendency of some parts of his education, some of his pursuits, and even some of his duties is to deaden their keenness. Habit may thus render him so inaccessible to their influence, that though he perform his necessary office strictly and even conscientiously, he has not and does not evince any true perception of the real character of the events of which he is a witness. In the great current of human events, the health, the sufferings, the death of individuals are of little moment. No single life is of consequence to the world; but when the most insignificant one is in peril, there is some one circle of human hearts in which the contest of doubt, and hope, and fear, which it creates, amounts to agony. Into that circle we enter; for the time we form a part of it. We ought not to carry into it the indifference of the outer world. We cannot have the same feelings with those who watch around the sick bed, and to whom its event is sometimes of more importance than the changes of empires or the fate of nations, but we can realize, we can respect them. In the great economy of the universe, even in the ordinary movements of human society, of how little importance is the life of a young child. It dies. How small a drop does it add to the current of human mortality which is constantly sweeping by us. But to the heart of at least one human being that life, so insignificant to the world, is the bright particular light which gives a charm to her whole existence. To her it is so precious that

"If Heaven would make her such another world,
Of one entire and perfect chrysolite,"

she would not take it in exchange. No one else can experience this sentiment. Nature has made but one bosom capable of it. But it can be appreciated, though it cannot be felt. And it is a sentiment at once so tender and so holy, that in our intercourse with those who cherish it, it demands all our sympathy and even our veneration."

Recognizing tender and lively sympathy as one of the chief qualities of a physician, how natural it is for me to believe that it may best be studied in the school of Him who was moved by the sorrow of the widow of Nain, mingled his own tears with those of Mary and Martha

at the grave of Lazarus, and was indeed the friend and brother of all men, as well as God's beloved Son!

Accustomed to the study of man's material frame, and familiar with the decay and death of human bodies, physicians are proverbially suspected of irreverence and skepticism. Many persons believe doctors are doubters, and it is true that they are seldom seen in places of worship.* I believe that the irreverence of medical men is very much exaggerated. However familiar they may become with this perishing body, they cannot exhaust its mysteries so as to despise it as beneath their continued attention. If Methusaleh had been a physician, devoting every year of his millennium to investigation of the laws of life and health, he would have departed with unsolved problems and unlearned lessons.

How any reflecting man can imagine that our frames are creations of accident or chance, I cannot conceive. Still it must be admitted that care of the mortal part of human beings is not suggestive of faith in immortality; and it is in this connection that I would insist upon the importance of a Christian faith. Let the practitioner who is saddened by the frequent spectacle of physical dissolution, and anticipates with horror his own falling into nought, listen to the thrilling declarations: "Whosoever liveth and believeth in me shall never die;" "We know that if our earthly tabernacle were dissolved, we have a building of God, a house not made with hands, eternal in the heavens;" "They shall hunger no more, neither thirst any more, neither shall the sun light on them, nor any heat. For the Lamb which is in the midst of the throne shall feed them, and shall lead them unto living fountains of water; and God shall wipe away all tears from their eyes"

When a physician becomes a Christian believer, what rare opportunities to "minister to minds diseased, and pluck from the memory a rooted sorrow," are afforded him! In his confessional free admissions of guilt are heard, and he may call the offender to penitence, and then bid him "go, and sin no more." He can cause glazing eyes to be rekindled with hopes of God's enduring love beyond the grave. When ministers utter these appeals, too many regard them as mere professional formulas. They come with irresistible grace and power from those who speak, not because they are expected to say something, but because they are moved to utter deep and abiding convictions. In ancient times the physicians were priests, and the priests were physicians. The callings may well be colleagues now. Let the preacher assert, that obedience to the laws of the body is essential to the salvation of the soul, and let the doctor prescribe love to God and man, as conditions of that peace of mind on which sound physical health is notoriously dependent. "Know ye not that ye are the temple of God, and that the spirit of God dwelleth in you. If any man defile the temple of God, him shall God destroy, for the temple of God is holy—which temple ye are."

* Mr. M. is entirely mistaken in this statement.—Ed.

And now, my friends, let me say a few words in conclusion, on the claims of the medical profession upon our affection and gratitude. Luke is styled "the beloved physician." This phrase is sometimes added to the names of living practitioners, for all men are not yet blind to the beauty of kindness, and the sublimity of self-sacrifice. But how common are sneers and jests directed indiscriminately at doctors ! Admitting, as I am bound to do, that some who profess and call themselves physicians, deserve the harshest epithets that human invention can devise, or human lips utter, I regard the current-sweeping distrust of the profession as unreasonable and wrong. Let the ignorant, the coarse, and the mercenary be freely denounced. God knows I am glad to see them running the gauntlet of scorn and indignation. May its salutary severity cure them of their folly and their sin ! But, as a class, I insist that intelligent and conscientious physicians are to be duly honored. Whose memory is not full of instances of their tenderness and fidelity ? Who does not know that their calling abounds in hardships, and is the most short lived of professions ? They are so far from being usually mercenary, that their generosity demands distinct and emphatic mention. There is not an aged doctor who has not bestowed thousand of dollars worth of service upon the penniless and forsaken. Some of the brightest pages of the recording angel will be transcribed from entries in the day books of medical practitioners. My own profession, in particular, owes them an enormous debt. In consideration of his straightened circumstances, merchants sometimes deduct a little from the profits of wares sold to a preacher of the Gospel, but a physician who should make the least charge, would be excommunicated by his brethren for meanness. With my views of the ministry, this forbearance is not always palatable. If I could control the matter, I would ask no exemption whatever from the common burthens of manhood, but I cannot fail to appreciate the spirit of the rule. Gratitude has overpowered impatience whenever I have found that I was not allowed to pay for some of the most valuable services that man can render to his brother man.

Think, too, of the heroism of this profession, what risks they incur in the pursuit of knowledge ! The martyrs of the new science would form a noble army. And let us not forget those in active practice, who have fallen at posts of dangerous duty. Every pestilence that decimates a town, records the generous bravery of its physicians in letters of living light. That self-sacrificing band of volunteers who went from distant cities to give their lives to the doomed people of Norfolk, have redeemed their calling from every merited or unmerited reproach. In the great hereafter, a voice of divine sweetness shall say to them : "I was sick and ye visited me, for inasmuch as ye did it to one of the least of these my brethren, ye did it unto me. Come ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world."

Case of Large Popliteal Aneurism Successfully Treated by Compression. By JOSEPH EDMONDSON, M.D., Licentiate of the King and Queen's College of Physicians, &c.

A gentleman of active habits, of spare but muscular frame, consulted me on the 18th of March last, in reference to a swelling which he had in his thigh for some months past. On laying my hand over the affected part, I could feel a strong pulsation through his clothes—in fact, the pulsation was visible to the eye through the patient's trowsers, although the limb was surrounded by several layers of flannel bandage. After a careful examination, I diagnosed it “a case of popliteal aneurism.” The history of the case was this:—In the beginning of October last he was sitting on a high seat, with the legs and feet unsupported and swinging; he suddenly jerked himself off the seat without using his hands as a means of support, and immediately afterwards felt an uneasiness in the ham and region of the knee-joint. However, he paid little attention to it, and though lame at intervals, particularly after much exertion or a long walk, he continued to pursue his daily avocations as usual until the latter end of December, at which period it became so painful and troublesome, that he was induced to examine it, and found in the ham a tumor about the size of a pigeon's egg. He still continued at business until within about a fortnight of the time he consulted me. He considered it an attack of rheumatism. The treatment adopted was rubbing in anodyne liniment and ointments, *using as powerful friction as a servant could exercise with the hand*, which treatment must have favored the more quick and full development of the aneurismal sac. After fully explaining to him the true nature and serious character of his disease, as also the mode of treatment by compression. I strongly recommended him to consult my friend Dr. Carte, as a surgeon on whose sound judgment and practical experience I could rely. On the 19th of March he consulted Dr. Carte, who confirmed my diagnosis, and also approved of the curative treatment recommended by me.

Having properly prepared my patient by rest, a slightly elevated position of the limb, and having lessened the force of the circulation and deprived the blood of much of its serum by the action of compound powder of jalap, followed up by saline aperients, as also by low diet, consisting of two meals daily—namely, breakfast, 4 oz. of bread and 6 oz. of tea; dinner, 8 oz. of potatoes, with a little broth, and 6 oz. of milk. I commenced the treatment by compression on the 24th. On first examining the patient, the limb was very œdematous; but now, from the effects of rest, position, &c., the œdema had all disappeared, and left a well-defined, circumscribed, and fluctuating tumor of an oval shape, very prominent, situated on the posterior and inner part of the lower third of the right thigh, and extending to a small extent towards its anterior aspect, measuring longitudinally $4\frac{1}{2}$ inches, and transversely 9 inches. There is exactly $3\frac{1}{8}$ inches difference between the circumference of the two thighs at the site of the disease, the sound limb measuring 14 inches, and the affected one $17\frac{1}{8}$ inches.

The pulsation is very strong, accompanied by a sharp bruit de scie. Pressure with the finger on the femoral completely controls the pulsation, but does not apparently lessen the size of the tumor. When the pressure is suddenly removed, the blood rushes into it with a strong impetus, but unaccompanied by any increased pain. Complaints of very severe pain at intervals, generally coming on at night, and always referred to the knee-joint. Skin over the tumor thin, but natural in color and healthy in appearance. General health and spirits good.

First day (24th): Commenced pressure with Carte's pelvic apparatus at three P. M., applying the pad obliquely over the artery as it crosses the brim of the pelvis. Half-past five: The skin is irritable, and bears the pressure badly; loosened the pelvic pad, and applied pressure to the centre of the thigh with Carte's circular compressor; could not bear it more than three-quarters of an hour, although I used every precaution, shaving the pubis the day before, dusting with starch, keeping the pad firmly fixed while screwing it down, and using pressure just sufficient to stop the pulsation.

Second day (25th): Commenced pressure at half-past eight A. M., and continued it at intervals up to half-past eleven P. M., during which time pressure was used about eight hours, sometimes entirely, at others only partially controlling the pulsation in the tumor. The skin being irritable, and not tolerant of much pressure, I thought it prudent to act with great caution, and gradually establish a tolerance. He has some enlarged glands in the groin, which are a source of much annoyance, but which as yet I have managed to avoid.

Third day (26th): Commenced pressure at half-past eight A. M. At one o'clock called into requisition a conical lead weight ($7\frac{1}{2}$ lb.), which I cast and attached to a pad made of a firm piece of cork covered with chamois leather. The bedclothes annoyed him to-day, and caught in the thumb-screw of the compressor, and loosened the pad; got a cradle made, to prevent any further accident; bore the pressure better to-day; kept it up almost continuously for ten hours; repeated the saline aperient; occasional numbness of leg and foot; temperature of the sac much higher than that of the body; no other change perceptible. At half-past ten P. M., suspended the weight from the iron hoop of the cradle, so as merely to steady it and keep it upright, but not interfere with its pressure. Gave him an anodyne draught.

Fourth day (27th): Kept the weight on last night for about four hours; spent a very restless night; a little before he removed the weight, was attacked with an unusual feeling in the tumor, which he compared to the action of scalding water, accompanied with severe pain in the knee, shooting down the leg; feeling of numbness in toes and foot, which continued about half an hour. Applied the weight at half-past five A. M. The pulsation less forcible, and the bruit somewhat softer; pressure was kept up as yesterday; patient rather restless. Repeat the anodyne draught.

Fifth day (28th): Got a comfortable night; the pulsation in the

tumor has resumed its former vigor ; bruit again sharp, but, notwithstanding, the tumor is decidedly more solid ; could trace a small collateral vessel running along the superior edge of the tumor. Commenced pressure at seven A. M. Got a transverse triangular bar made this morning with a hollow square at its extremity, to support and steady the weight, which answers admirably when attached to the pelvic saddle ; bore the weight without moving it for six hours, and used the pelvic and circular apparatus alternately until half-past ten P. M., when I again applied the pelvic pressure, with directions to allow it to remain on as long as he could conveniently bear it through the night. Repeated the anodyne draught at his own request. No further change in the sac.

Sixth day (29th): Slept until three o'clock this morning, when he unscrewed the pad, and reapplied it at six A. M.; continued alternate pressure through the early part of the day. At three P. M. examined the sac carefully ; more solid ; fluctuation less evident ; pulsation less forcible ; bruit softer. Controlled the pulsation fully with the pelvic compressor, and explained to him the necessity of continuing the pressure in case pain came on as on the 4th day. Six P. M.: About half an hour after my last visit, violent burning pain set in in the sac, accompanied with great numbness of the foot and lower part of the leg ; the pain extended round the knee, running down the leg, and returning again to the tumor ; this continued an hour and a half, and was so violent that he shed tears ; he did not relax the pressure, which I—as I came in at an opportune time, the pain having just ceased—increased, until I altogether stopped the circulation in the femoral. At eight P. M. loosened the pelvic, and applied the circular pressure ; at half-past nine P. M. begged for a little rest ; removed the pad and examined the tumor ; pulsation very feeble ; edges of tumor much sharper and more defined ; the bruit soft and low. At ten P. M. applied the weight, put on a slipper, attached it to the waist with a tape, and left him for the night.

7th day (30th): Eight A. M.; kept up the pressure till five o'clock this morning ; got a comfortable night. On examining the tumor, I had the very great satisfaction of finding it solid, with ever trace of pulsation and bruit gone. The tumor is also somewhat lessened in size. Continued the pressure all day without interruption. Eleven P. M.: remains in the same very satisfactory state ; complains of pain about the knee and leg. Repeat the saline aperient.

8th day (31st): Tumor continues in same state ; kept up moderate pressure all night and all day ; complained a good deal of burning pain at intervals ; can trace another collateral vessel along the centre of the tumor ; slight numbness of leg and foot.

9th day : Pressure was kept up several hours during the night. On examining the tumor, I detected an almost imperceptible pulsation on its posterior aspect. Applied the weight for two hours. Can now detect a distinct but feeble pulsation over the entire tumor, strongest at the point where I first detected it. On applying the stethoscope (the former bruit had not returned), but a weak thump-

ing sound was communicated to the ear. Applied the pelvic apparatus, using pretty firm pressure. In three hours after I find all pulsation again ceased, and no sound communicated to the ear. Continued moderate pressure all day. Can trace a third collateral vessel; complained of some pain in the sac; the vessel runs along its under surface; numbness still continues, but less.

April 11th: Patient has been reclining daily on a sofa, with a flannel roller applied from the toes to the knee; absorpton has set in; the tumor measures about three-eighths of an inch less (in the circumference of the limb); it is hard, and its boundaries very well defined; numbness has left the leg, its temperature equal to the other.

24th: For the last few days he has been using the limb very freely, walking and driving about; the tumor gives him little or no inconvenience; it is slowly absorbing; it now measures in circumference nearly one inch less; longitudinally five-eighths, and transversely seven-eighths less.

As the patient did not complain of the low diet, I continued it unaltered until after solidification took place. During the entire treatment the pulse remained steady, at about 60, very soft and compressible. Before I commenced treatment, it was over 90. From the commencement *he had no thirst, nor did the slightest degree of œdema at any time supervene.* If pressure could have been exercised with more firmness and less interruption from the commencement, I have no doubt the cure would have been very rapid; if the pressure had been increased instead of stopped on the 4th day, when the pain came on (the character of which is so accurately described in Mr. Tufnell's work on compression,) in all probability the cure would have dated from that day. The greatest amount of pressure which I at any time used, although it completely controlled the pulsation, always allowed a small current of blood to pass through the femoral, except on the 6th day, when I cut off the circulation altogether for about two hours (after the violent pain ceased) in order to ensure and hasten the formation of the coagula. Calculating the number of hours, on the 6th day the pressure had not been used more than three days of twenty-four hours, and I am confident that during half that time the pulsation was only partially controlled. Should I meet another case of a similar kind, the return of the circulation through the sac on the 9th day (three days after it had ceased) will make me exceedingly cautious. The accident was caused by a slight squeeze, which broke up part of the recently formed soft clot, the detection of which at so early a stage saved much annoyance and trouble. I had a most intelligent patient to treat, and one who entered into all my views, and assisted me in every possible manner to further them. I found the apparatus exceedingly easy of adaptation, and most effective in its action, leaving me, as regarded it, nothing to desire. In the treatment of the case I am much indebted to Dr. Carte for the kind letter of instructions which he sent me with the apparatus in reference to its application, &c.—*Dub. Med. Press.*

EDITORIAL AND MISCELLANEOUS.

AMERICAN MEDICAL ASSOCIATION.—There is nothing in the published Minutes which especially marks the meeting at Detroit, as strikingly interesting, yet it will be seen that a very fair proportion of the Committees fulfilled their duties, and the large number of Special Committees appointed for next year shows a growing interest in the objects of the Association, and an increased industry on the part of its members.

The address of the retiring President was marked with the usual elegant precision of its author. His suggestion in relation to the repudiation of the title of Allopathists, with which the Homœopathists would brand us—which title necessarily implies a limited doctrine, and gives us an occupation antagonistic to themselves—is worthy of being closely followed out. The true theory and practice of Medicine is not confined by any closely bounded dogmas, nor are its principles contained within the limits of a contracted Latin precept. “No pent-up Utica contracts our powers, but the whole boundless” wealth of ages of rigid experience and strict scientific research is our storehouse of learning. We are not to be held to the narrow confines allotted us by the followers of Hahnemann, but with Professor Wood we gladly claim our full scope of liberty.

No lengthened debate took place during the sittings of the Convention. The only one of especial interest followed the reading of the resolutions, offered by Professor Gross as an appendix to his very able Report as Chairman of the Committee to “Inquire into the Causes which Obstruct the Formation and Establishment of our National Medical Literature.” We are convinced by the tone of the remarks made that the spirit of Prof. Gross’ resolutions was misapprehended. We cannot conceive that Professor Gross intended to be so proscriptive as his opponents would make his resolutions appear. We shall, however, take another occasion to express our own convictions upon this subject, merely indicating *en passant* our national pride, and yet our full trust in the cosmopolitan spirit of the much-abused “great republic of letters,” engaging our readers to refer again to these resolutions.

The elegant and spirited Report of Dr. Breckenridge, of Kentucky, as Chairman of the Committee on Medical Literature, with its free-trade doctrines, was highly applauded. This, as well as the report by Dr. Gross was referred to the Committee on Publication, and both

will doubtless appear, with their conflicting sentiments, in the published transactions.

The Report of Dr. Davis of Chicago was of a highly practical and scientific character, and drawn up in the rigid analytical manner for which he is eminent, presents in its brevity, its conciseness and its practical value, a model to be imitated. This report, and that of Dr. Newman of Buffalo on the Sanitary Police of Cities, will enrich the statistics of medicine. A verbal abstract only of the latter was made, but from this we are persuaded that the matter afforded in the pages of the report will prove highly valuable to the student of public or private hygiene.

Several other reports were read, either in part, or an abstract given of them; while those whose authors were not present were referred direct to the Committee of Publication.

Dr. Fuller, of Maine, read a portion of his paper on "The Best Treatment for Cholera Infantum;" Dr. Flint, of Kentucky, a portion of his paper on "Rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession;" Dr. Horace Green, of New York, an abstract of his Report on "The Use and Effect of Applications of Nitrate of Silver to the Throat." We shall wait for these to appear in print before we speak of them, as the abstracts given were too short to afford a good opportunity to judge other than of their general interest. Dr. Palmer, of Michigan, as Chairman of the Committee on Plans of Organizations of State and County Societies, read a lengthy and interesting Report, to which was appended a long series of resolutions, and an outline of a Constitution for County Societies. These elicited some debate, and were finally referred with the Report.

The sittings of the Convention were marked with perfect harmony, with one single exception. In giving our *resumé* of the proceedings, we cannot hesitate to speak in the most decided terms of regret that any sectional feelings should have been the cause of disturbance to the pleasant manner with which the Convention was conducted. We deprecate the bad spirit which prompted the resolution offered by Dr. Neill. Our professional jealousies are too much remarked upon by the laity. The cultivation of a little more generosity of sentiment, of a little more charity and chivalric bearing toward each other, would not injure our self-respect, but would create a better feeling among ourselves, and draw upon us the respect of those out of the profession.

J. H. D.

DEATH AND A WILL.—Vidal (de Cassis) died at Paris, in April last. In our own country, Dr. J. G. Percival, the poet, and Dr. John C. Warren, of Boston, are also gone. This last gentleman left a singular will, requiring his body to be placed in a tomb, with the usual ceremonies, and that the next day *after* it should be taken from the tomb, and an examination made, to ascertain the cause of certain obscure symptoms of disease under which he had for a long time labored. Then the will directs that his bones shall be macerated, wired, and hung up in the Museum of the Medical College in Boston. The will was peremptory. We learn that everything has been done as he directed, and that his bones are now macerating. There was found to be malignant disease of the stomach.

We confess that we feel a shudder creep over us when we think of this will. Had science required it, we should have admired the self-sacrificing spirit which prompted it, but no such demand exists which could not be carried out infinitely better without shocking the feelings of any one. It is to be hoped that the trustees will put the skeleton into a case entirely of wood, at least till all of his friends have gone, and are no longer shocked by the sight. One thousand dollars were left by him for publishing his biography. One thousand dollars more to keep his tomb in repair forever. But *why* one does not see. *Nothing* was left to any hospital or other charitable institution.

Suspensory Bandage. Dr. Miliano of this city has devised a new suspensory bandage, which is by far the best we have ever seen. It is light and strong, and seems to answer all the purposes for which such an instrument is intended better than its predecessors. We understand that he has *given* the right of making it to a poor person. It is known as E. M. Melville's patent suspensory.

RESIGNATION.—Dr. Thomas D. Mutter, of Philadelphia, has resigned the chair of Surgery in the Jefferson Medical College of that city. He was the best lecturer in his department that we ever listened to. Dr. Gross, of Louisville, has been elected in his place, and has, we understand, accepted the appointment.

New Book. Dr. A. K. Gardner of this city is just publishing a book on sterility and abortion. We understand that it will appear next month.

The following letter was received last month, but not till our May number was printed. We give it the earliest insertion practicable :

DEAR SIR :—I have just received the April number of your valuable journal, and find in it part of "A Paper on the Effects of Lead on the Heart," by John W. Corson, M.D., &c., &c., which is introduced by some *Editorial* comments so perfectly erroneous, that I trust you will give this letter a place in the pages of your Journal, as an act of simple justice. In the editorial remarks alluded to, the Special Committee of the American Medical Association, to which Dr. Corson's Paper was referred, is distinctly charged with *double-dealing*, neglect of duty, and unfairness towards the author of the paper. Being chairman of that committee, justice to myself as well as to my associates (Drs. Isaac Wood and F. C. Stewart, of your city), requires from me a brief explanation. The real facts in the case are as follows :—"In returning from the meeting of the Association in May last, I stopped one or two days at the Metropolitan Hotel in New York, where, according to previous appointment, Dr. Corson met me, and submitted his paper to my examination ; at the same time, claiming that it was incomplete, and asking the privilege of retaining it for the purpose of rewriting it, and making some additions. After reading his paper carefully, I candidly pointed out to him some, perhaps unimportant defects ; and knowing that he had just been appointed by the Association a *Special Committee* to report at the next Annual Meeting, "On the Causes of the Impulse of the Heart, and the *Agencies* which Influence it in Health and Disease," I advised him to retain his present paper, and use the materials it contained, with all the other facts he could command, in elaborating a more complete and extended paper, to be presented in the form of a report at the next meeting of the Association. The reasons I gave him in support of this advice were : that his paper, as then presented to me, contained but very few facts or ideas not already fully before the profession ; that according to his claim it was incomplete, and must be revised before it could go to the Committee on Publication ; and, finally, that it would enhance his own professional reputation in a much greater degree to have published in the Transactions of the Association *one* carefully-prepared and full paper on any special subject, than two or three hastily-written and meagre ones.

Finding, however, that he was unwilling to pursue such a course, I told him if he would immediately revise and complete his paper, he might then hand it directly to the other members of the Committee, Drs. Wood and Stewart, and if it was satisfactory to them, it might be transmitted to the Committee of Publication without the delay and trouble of further examination on my part.

With this proposition he seemed satisfied ; and I heard nothing further of the paper until I received a letter from the Chairman of the Committee on Publication, giving me notice, that if we designed to have the paper published in the Transactions, it must be forwarded soon. I immediately wrote to Dr. Wood, informing him in full concerning the arrangement made with Dr. Corson, and requesting him

and Dr. Stewart, if they had not already done so, to examine the paper without delay, and if it met their approval, to send it to the Publishing Committee. Soon after this I received a letter from Dr. Wood, saying that he had seen Dr. Corson, and given him substantially the same advice as I had done in the first instance, viz., to retain this paper, and embody it in a more extended report, at the next meeting of the Association ; and further, that Dr. Corson seemed to be satisfied with that course. Here I supposed the matter had been brought to a perfectly satisfactory termination, until three or four weeks since, when I received a long, rambling, and not very complimentary letter, from Dr. Corson, formally notifying me that he had concluded to appeal from the Committee to the profession, by publishing his Paper in the *New York Journal of Medicine*. Such are exactly the facts in the matter, so far as I have any knowledge of them. If Dr. Corson's Paper, as finally prepared, was *never even read* by the Committee, it was certainly not my fault ; for he neither placed it in my hands, nor even notified me *when* it was ready, for perusal. So far from having the least desire to suppress Dr. Corson's Paper, or throw the smallest obstacle in his way, we honestly, and with the utmost sincerity, gave him just such advice as we thought calculated to bring himself and his investigations before the Association in the most advantageous manner. And we are perfectly willing that the profession should judge of both the wisdom and the fairness of our dealing with him Yours truly, N. S. DAVIS.

Chicago, Ill., April 19, 1856.

This epistle shows clearly enough, to our mind, that "*perfectly erroneous*" is rather strong language for the facts in the case ; and it might be well enough to let the matter rest thus, but in order to make it entirely clear, we add simply that Dr. Corson authorizes us to say, that our former statement of the facts, in relation to the exclusion of his paper on the Effects of Lead on the Heart, &c., was strictly correct, as understood at the time ; but that he has *since* received friendly explanations, which satisfy him that the apparent injustice of rejecting his paper, without reading it, as carefully prepared for publication in ample time, and at their request, was really *not intentional*, but the result of an accidental misunderstanding among members of a committee greatly pressed with other engagements, and widely separated.

Dr. Corson also desires us to state, in justice, that he entertains the strongest confidence in the integrity and motives of the New York members of the committee, on whom Dr. Davis now wishes to throw the responsibility. The plan so strenuously urged by Dr. Davis of reading an old paper a second time before a body so hurried, or of crowding and spoiling a new paper with old matter, Dr. Corson still thinks undesirable for all parties, and with this honest difference of opinion, he feels that the only delicate and gentlemanly course left was the prompt withdrawal of the paper.

